

THE TRIANGLE THRESHOLD SINGERS: COMMUNICATION, PERFORMANCE,  
RITUAL, AND IMPACT IN BEDSIDE SINGING

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## ABSTRACT

Stefani Priskos: The Triangle Threshold Singers: Communication, Performance, Ritual, and  
Impact in Bedside Singing  
(Under the direction of Patricia Sawin)

Using the Triangle Threshold Singers—a volunteer musical group that provides bedside singing for the dying in North Carolina—as a case study, this collaborative ethnography considers how vernacular creativity shared from person to person can mediate experiences of death and dying on a personal, communal, and societal level. Drawing on a combination of participant-observation methods, ethnographic interviews, and related folklore and interdisciplinary research, this thesis foregrounds the singers’ experiences to explore how Threshold singing’s elements of communication, performance, and ritual contribute to its potential for transformative impact. Full recordings of the ethnographic interviews are available to the public through the [StoryCorps Archive](#). Readers can view a short accompanying audio-visual work on YouTube at <https://www.youtube.com/watch?v=s6T4Ra2ZQuQ>.

To anyone who has had a loved one die alone, especially friends and family of victims of the COVID-19 pandemic. Equally, to all the helpers—who make even the hardest things a little bit better, just by being there.

## ACKNOWLEDGEMENTS

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## INTRODUCTION

*A successful song comes to sing itself inside the listener. It is cellular and seismic, a wave coalescing in the mind and in the flesh. There is a message outside and a message inside, and those messages are the same, like the pat and thud of two heartbeats, one within you, one surrounding. The message of the lullaby is that it's okay to dim the eyes for a time, to lose sight of yourself as you sleep and as you grow: if you drift, it says, you'll drift ashore: if you fall, you will fall into place.*

— Kevin Brockmeier, *These Hands*

*When people sing, they seem to be closer to the Divine in some way. And if people sing together, with a lot of heart, then it's much closer to the Divine. And, I think that if people are singing together with a lot of heart in the presence of someone who is in the process of transitioning—of dying—then there's even more of that.<sup>1</sup>*

— Larry Nessly, Threshold Singer

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When I met Suz Robinson for coffee at Weaver Street Market on a cold January morning in 2020, I knew just a few things. I knew that Suz was a leader and member of the Triangle Threshold Singers. I had first heard of Threshold choirs a few years prior, and I was intrigued by the idea of a musical group that does not perform: the members sing to make music, sing to be together, and sing to help others. I also knew that the main way that Threshold singers helped others was by singing for people who were dying. I knew that the work the Triangle Threshold Singers did was special, and after chatting with Suz for over an hour—about singing, my degree, her career path, our parents' deaths—I knew that I wanted to be involved.

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<sup>1</sup> Larry Nessly, Interview, May 18, 2020.



There were also many things that I did not know. I did not know that this meeting was the beginning of an over one-year partnership with the Triangle Threshold Singers that would eventually lead to a master's thesis. I did not know that there would be a global pandemic. I did not know that the highlight of my pandemic weeks would be Zoom-singing folk songs and French standards to nursing home residents with other Threshold singers. And I did not know how much Threshold singing and the singers themselves would come to mean to me. In many ways, this collaboration is a project about the unknown; specifically, it is a project about how we, as individuals and community, manage the uncertainty and lack of knowledge that precedes death—equally unknown, but very certain.

I have been singing and conducting research with the Triangle Threshold Singers since that first meeting with Suz in January 2020. They are a volunteer musical group based in Chapel Hill and Durham, North Carolina whose mission it is to bring comfort, company, and connection to individuals on the thresholds of life and death. The Triangle Threshold Singers are affiliated with Threshold Choir International, an umbrella non-profit organization founded by Kate Munger in California in 2000 to provide musical and spiritual care for hospice patients.

The Triangle Threshold Singers draws service-oriented individuals, men and women, the majority of whom are white, retirement age, and middle or upper-middle class. The singers identify with a variety of religious and spiritual backgrounds, including Christianity, atheism, Unitarian Universalism, and Judaism; singers often speak of how diversity in identity, background, skills, and strengths makes for a stronger group, and one that is better able to serve a more diverse population. Regardless of their different backgrounds or spiritual beliefs, all singers believe that the work they do is important and unique—even sacred. Members mentioned intimacy and compassion as the cornerstones of Threshold culture. Threshold singing is musical,

communal, and service-oriented; it is spiritual, and it is personal. Nearly all members have experienced loss on a personal level, and many bring an external interest in and experience with music and palliative care to the group. One thing that unites them all: they are committed to their mission, to making sure dying individuals (whom the singers refer to as “travelers”), their caretakers, and their loved ones know that they are not alone, and that when the time comes, it is okay to let go.

The Triangle Threshold Singers use song to support their community in a variety of ways, including leading sing-along events at local assisted living facilities and engaging in community end-of-life education initiatives. They have also been known to sing for newborns and individuals in other states of transition. At its heart, however, the group’s primary mission is “bedside singing,” wherein members visit travelers in pairs or groups of three to sing at their bedsides in unison or harmony—soft, calming tunes meant to communicate ease, comfort, and presence. Singers carefully observe the traveler’s environment, body language, and their own intuition to choose songs (lullabies, hymns, or Threshold-specific music) that offer the traveler both comfort and permission to “let go.” In addition to singing for the dying, Threshold singers also visit individuals who are not at the threshold but who are infirm, injured, or isolated and in need of musical comfort and support. Members have described Threshold singing to me as their “vocation,” “ministry,” or “life’s work.” The intimate support singers provide for travelers and their families takes skill, experience, and dedication.

A folkloristic approach to palliative care can help us understand how this “artistic communication in small groups”<sup>2</sup> helps singers, travelers, and loved ones navigate the ultimate threshold. I ask: How does the practice of Threshold singing allow singers, travelers, and loved

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<sup>2</sup> Dan Ben-Amos, “Toward a Definition of Folklore in Context,” *Journal of American Folklore* 84, no. 33 (1972): 3.

ones to ‘say the unsayable’ about death? How do elements of performance and ritual (or lack thereof) enrich the practice of Threshold singing and contribute to its power to comfort and transform? What opportunities does Threshold singing provide for reconnecting with and reconsidering death, both on an individual and societal level? Given the current tragic and inhibiting circumstances of the COVID-19 pandemic, I also call special attention to the lessons we can learn from a group whose mission includes relieving the fear and loneliness that surrounds death.

In this work, I situate the Triangle Threshold Singers’ ministry as a local manifestation of a much larger and interdisciplinary turn towards traditional and community-based deathways. Threshold singing exhibits communicative, (non-)performative, and ritualesque qualities that give way to elements of structure, *communitas*, and flow. Together, these elements can have a transformative and enduring impact on those present at the bedside by empowering them to call on creative resources and traditional knowledge to make meaning in their own interactions, relationships, and emotional and spiritual lives.

### ***Previous and Related Research***

Conceptions of and practices related to death, dying, bereavement, and end-of-life care have shifted significantly over time. One major shift that has occurred in Western industrialized countries is that the division of labor has led to the specialization and professionalization of death. That being said, sociologist Tony Walter points out that “death in modern society” is hardly a cultural, geographic, or even generational monolith.<sup>3</sup> Many modern end-of-life care

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<sup>3</sup> Tony Walter, “Sociological Perspectives on Death, Dying, and Bereavement,” In *Death, Dying, and Bereavement: Contemporary Perspectives, Institutions, and Practices*, eds. Judith M. Stillion and Thomas Attig (New York: Springer Publishing Company, 2014), 36.

movements—including the best known among them, hospice care—have been born in reaction to this professionalization.

Cicely Saunders founded St. Christopher's, the world's first modern hospice, in London in 1967. Previous institutions, such as homes for the dying, centered themselves on religious, philanthropic, and moral concerns, with a focus on cure of the soul.<sup>4</sup> St. Christopher's amended these goals to set guiding principles of (1) excellence in clinical care, (2) education, and (3) research. Medical sociologist David Clark characterizes the birth of hospice care as a reaction against the over-hospitalization of end-of-life care, seeking to offer holistic—physical, social, psychological, and spiritual—care and treat the *family* as the unit of care, rather than the individual.<sup>5</sup> As part of this reaction, the burgeoning hospice movement of the 1960s “drew on older associations of care and solicitude and kindled a desire to connect with deeper traditions of hospitality, pilgrimage, and shelter along a journey.”<sup>6</sup> Even so, just twenty years after the founding of St. Christopher's, public health expert Emily Abel lamented that hospice care was becoming industrialized and turning away from core values of “nostalgia for simple, old-fashioned ways, dissatisfaction with bureaucratic and authoritarian institutions, faith in the power of nature, a determination to avoid domination by experts, and a desire to improve the quality of personal relationships.”<sup>7</sup> The ethos of the hospice care movement is just one small indicator of a broader effort to demedicalize the human experience and reconstruct death as a natural phenomenon, rather than a clinical failure.

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<sup>4</sup> David Clark, “Hospice Care of the Dying,” In *Death, Dying, and Bereavement: Contemporary Perspectives, Institutions, and Practices*, eds. Judith M. Stillion and Thomas Attig (New York: Springer Publishing Company, 2014), 140.

<sup>5</sup> Ibid, 140.

<sup>6</sup> Ibid, 135.

<sup>7</sup> Ibid, 142.

The call for the demedicalization of end-of-life care includes an invitation for citizens and communities to reclaim the medicalized space by learning to “differentiate between times when professional care is truly required and helpful, and when friends and relatives might rely on their own experience to provide care and offer help.”<sup>8</sup> Medical and public health sociologist Alan Kellehear suggests that communities can start by raising people’s awareness of their own abilities and skills.<sup>9</sup> Redistributing the ethos and responsibility of end-of-life care among community members also protects professional (and to some extent volunteer and familial) caregivers from occupational stress, burnout, and compassion fatigue.<sup>10</sup>

Two sets of skills that both professionals and lay community members can use to provide emotional and spiritual support for the dying are emotional and artistic competency. Among other uses, music specifically has been shown to comfort patients experiencing memory loss, facilitate enjoyable life-review activities, and assist with clinical breathing techniques.<sup>11</sup> In the same way that hospice recognizes and honors the existential experiences of patients, medical researchers have shown that music can help patients manage “suffering that [is] beyond pain or physical symptoms” by “transcend[ing] physical boundaries to experience others.”<sup>12</sup>

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<sup>8</sup> Phyllis R. Silverman, “Helping Each Other: Building Community,” In *Death, Dying, and Bereavement: Contemporary Perspectives, Institutions, and Practices*, eds. Judith M. Stillion and Thomas Attig (New York: Springer Publishing Company, 2014), 294.

<sup>9</sup> Ibid, 294.

<sup>10</sup> Mary L. S. Vachon, “Care of the Caregiver: Professionals and Family Members,” In *Death, Dying, and Bereavement: Contemporary Perspectives, Institutions, and Practices*, eds. Judith M. Stillion and Thomas Attig (New York: Springer Publishing Company, 2014), 380.

<sup>11</sup> Sandra Bertman, “Using the Arts and Humanities with the Dying, Bereaved,...and Ourselves,” In *Death, Dying, and Bereavement: Contemporary Perspectives, Institutions, and Practices*, eds. Judith M. Stillion and Thomas Attig (New York: Springer Publishing Company, 2014), 256.

<sup>12</sup> Helen Cox and Peter Roberts, “From music into silence: an exploration of music-thanatology vigils at end of life,” *Spirituality and Health International* 8, no. 2 (2014): 8-9.

In 1973, Therese Schroeder-Sheker pioneered the term and practice of *music thanatology*, “a palliative medical modality employing prescriptive music to tend the complex physical and spiritual needs of the dying.”<sup>13</sup> Schroeder-Sheker traces the use of music in end-of-life care back to medieval monastic musical medical practices of 11th-century monks at Cluny Abbey. These musical infirmary practices, which predated palliative medicine by 800 years, focused on easing the “physical, emotional, mental, and spiritual pain that might impede or prevent anyone from a blessed death.”<sup>14</sup> Music-thanatology consists of using harp and voice to conduct “sound anointings.” These anointings are dynamic, prescriptive, and individual to each patient, thus preserving Cluny’s holistic view of the patient in body, mind, and soul while minimizing the religious focus to adapt to the pluralism of the modern world.<sup>15</sup> Schroeder-Sheker recalls that it was not knowledge of Clunic traditions or any other formal training, but intuition and “pure common sense and caring in the same way that concerned parents have always rocked and sung to crying babies,”<sup>16</sup> that first prompted her to minister to a dying patient through song.

When she founded Threshold Choir in 2000, Kate Munger was also driven by a “common sense” instinct to turn to singing in the face of death. On the “How We Started” page of Threshold Choir International’s website, Munger writes:

The seed for the Threshold Choir was planted in June of 1990 when I sang for my friend Larry as he lay in a coma, dying of HIV/AIDS. I did housework all morning and was terrified when the time came to sit by his bedside. I did what I always did when I was afraid; I sang the song that gave me courage. I sang it for 2 ½ hours. It comforted me, which comforted him. The contrast between the morning and the afternoon was profound. I

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<sup>13</sup> Therese Schroeder-Sheker, “Music for the Dying: A Personal Account of the New Field of Music-Thanatology—History, Theories, and Clinical Narratives,” *Journal of Holistic Nursing* 12, no. 1 (1994): 83.

<sup>14</sup> Schroeder-Sheker, “Music for the Dying,” 85.

<sup>15</sup> *Ibid.*, 86.

<sup>16</sup> *Ibid.*, 88.

felt as if I had given generously of my essence to my dear friend while I sang to him. I also found that I felt deeply comforted myself, which in turn was comforting to him.<sup>17</sup>

Threshold singing and other similar organizations and services have been the subject of limited research, mainly in the fields of psychology and music therapy. Laura Fannon conducted extensive fieldwork with the founding Threshold chapter for her 2007 dissertation, “A Song for the Dying: Phenomenologies of Calling in the Threshold Choir.” Coming from a background in existential-phenomenological psychology, Fannon investigates this Threshold Choir chapter’s members’ experiences of “calling” to the vocation of Threshold singing as a means of examining phenomena of altruism and meaning-making in mid-life development.<sup>18</sup> Kirstin Davis et al.’s “Singing the passage: Evaluating Volunteer Bedside Singing in a Palliative Care Unit,” brings a music therapy perspective to bedside singing. Davis et al. focus on the benefits of volunteer bedside singing in hospice and palliative care settings, comparing and contrasting it with traditional musical therapy. The study found that volunteer bedside singers and patients and their families generally rated volunteer bedside singing highly, while hospice staff were more cautious, expressing their concern that the service could be disruptive and not well-integrated into the systems and structures of care already in place. Ultimately, Davis et al. concluded that further research is necessary to understand the relative benefits of professional music therapy and volunteer bedside singing.<sup>19</sup>

The literature on music therapy, music-thanatology, and hospice care is key to understanding the medical and vocational context of Threshold singing. Likewise, previous

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<sup>17</sup> Threshold Choir, “How We Started,” Accessed February 9, 2021, <https://thresholdchoir.org/solutions/how-we-started>.

<sup>18</sup> Laura E. Fannon, “A Song for the Dying: Phenomenologies of Calling in the Threshold Choir,” PhD diss., California Institute of Integral Studies: 2007.

<sup>19</sup> Kirsten Davis, Michael Downing, and Jan Walker, “Singing the passage Evaluating Volunteer bedside singing in a palliative care unit,” *Canadian Journal of Music Therapy* 17, no. 1 (2011): 77-94.

folklore and ethnomusicology research provides a framework for understanding how Threshold singing echoes the traditional ways that communities have used and continue to use music to mediate experiences of death and grief. In the field of folklore, the majority of documented contemporary practices linking music and death deal with grief and mourning rather than the dying process, such as Charles Briggs's study of Warao women's ritual wailing (1993) and Elizabeth Tolbert's study of Karelian laments (1990). In other parts of the world, communities harness traditional music for communal as well as individual grief and healing. Anthropologist and ethnomusicologist Gregory Barz has written extensively on the role that community-based music movements have played in the decline of HIV/AIDS infection rates in Uganda—a continuation of how Ugandans have used songs and dramas to “educate, care for, and console one another through music...[as] they have done for decades.”<sup>20</sup> Even outside of the context of death, other instances of intimate, non-performative singing in American culture, such as the lullaby, can teach us about the ways we use music to make cultural sense of the life cycle. Bedside singing, whether at the threshold of birth and life or life and death, is a communicative act of care.

In the conclusion of *Death, Dying, and Bereavement: Contemporary Perspectives, Institutions, and Practices*, Stillion and Attig call for thanatological research that engages a broader variety of disciplines and recognizes the value of qualitative study. Drawing on a combination of participant-observation methods, ethnographic interviews, and related folklore and interdisciplinary research, it is my hope that this thesis will help to answer that call. In addition, I hope that the public-facing aspects of this research project, such as the presence of the ethnographic interviews in the *StoryCorps* archive, serve not only to celebrate the value of

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<sup>20</sup> Gregory Barz and Judah Cohen, eds., *The Culture of AIDS in Africa: Hope and Healing Through Music and the Arts* (New York: Oxford University Press), 29.



qualitative research, but also to *mobilize* it in an act of public, community-based education about deathways and end-of-life care.

### ***Methodology and Data***

Collaborative ethnography, as defined by Briggs, Lassiter, Clifford, and Fine et. al, is the methodological heart of this project.<sup>21</sup> Together, the Triangle Threshold Singers and I designed a research plan that included: my undergoing Threshold singer training, attending monthly rehearsals and meetings, participating in regular Threshold-led sing-along events at local assisted living facilities, observing and participating in bedside singing visits, and conducting *StoryCorps*-style oral history interviews with interested singers (and uploading the interviews to the *StoryCorps* archive). Observing and participating in bedside singings and monthly meetings introduced me to the text, context, and texture of Threshold singing: the format of bedside visits, the logistical and creative decisions singers make, and how bedside singings *feel*. These opportunities also provided me with a view into how Threshold singers acquire and transmit the knowledge essential to their work.

With the emergence of the COVID-19 pandemic, the nature of the Triangle Threshold Singers' organization and engagement changed considerably. In addition to the singers' no longer being able to visit hospice patients or rehearse together in person, the group also experienced significant turnover in leadership. While I continued to attend virtual rehearsals and participate in musical Zoom visits to a local continuing care community, the Threshold singers

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<sup>21</sup> Charles L. Briggs, "Interview Techniques Vis-a-vis Native Metacommunicative Repertoires; or, On the Analysis of Communicative Blunders," In *Learning How to Ask: A Sociolinguistic Appraisal of the Role of the Interview in Social Science Research* (Cambridge: Cambridge University Press, 1986), 39-60; Luke E. Lassiter, *The Chicago Guide to Collaborative Ethnography*, Chicago Guides to Writing, Editing, and Publishing (Chicago: University of Chicago Press, 2005); James Clifford, "On Ethnographic Authority," *Representations* 1, no. 2 (1983): 118-146; Michelle Fine, Lois Weis, Susan Weseen, and Loonmun Wong, "For Whom? Qualitative Research, Representations, and Social Responsibilities," In *The Landscape of Qualitative Research*, 2nd ed, eds. Norman K. Denzin and Yvonna S. Lincoln (Thousand Oaks, CA: Sage Publications, 2003), 167-207.

were no longer able to carry out their typical activities. Although the virtual singing visits that replaced in-person bedside singings are not typical of the group's pre-pandemic ministry, the unique circumstances of the pandemic illuminated fundamental questions about the nature of Threshold singing, such as: Is it still Threshold singing if you are singing one-on-one versus in a pair or group? What if the person you are singing to is not necessarily close to death? What if you are not able to be physically present?

To accommodate the restrictions of the COVID-19 pandemic, I shifted my research approach to place a heavier emphasis on interviews with members of the Triangle Threshold Singers. Together, the singers and I created a [list of questions](#) to guide our interviews. I conducted ten, 60 - 120 minute interviews with Threshold members, seven of which have been posted to the [StoryCorps Archive](#). Due to the pandemic, the majority of these interviews took place over Zoom. These recorded conversations became one of my favorite parts of this project, and fellow Threshold singers have expressed to me that, in a moment where we cannot engage in Threshold's work in the way we normally would, these interviews have been a source of reconnection with and reflection on what Threshold singing means to them. As a public-facing portion of this project, I produced a short audio-visual piece available on [YouTube](#) and plan to edit each of the interviews into 5-10-minute clips to be shared on the *StoryCorps* archive and on *SoundCloud*.

In our interviews, singers shared with me their individual and collective views on their work, the moments and experiences they have found the most meaningful, and how Threshold singing fits into the larger scaffolding of their life philosophies and lived experiences. These interviews included conversations with longtime and newer members, male and female members, members with a stronger musical or hospice background, and members of various

religious and spiritual traditions. Interviews conducted in March 2020 – January 2021 also reflect a developing understanding, on other singers’ part and my own, of how the COVID-19 pandemic would, is, has, and will shape the Triangle Threshold Singers and their work. While many of the experiences and opinions singers shared echo one another’s, each singer was also only speaking for him or herself, not necessarily on behalf of the Triangle Threshold Singers as a whole, or Threshold Choir International. Each singer’s (and my own) experiences and perceptions are inherently uniquely personal, rooted in our individual and collective identities, experiences, and beliefs.

Participation, observation, and interviews alone could not fully capture or convey the experience of Threshold singing. I also drew upon a *multisensory approach* to ethnography, which not only accounts for but is *rooted in* the “multisensoriality of experience, perception, knowing, and practice...[and] accounts for how this multisensoriality is integral both to the lives of people who participate in our research *and* to how we ethnographers practise [sic] our craft.”<sup>22</sup> In my observation, participation, and interviews, I paid special attention to sensations—from sight and sound, to calm and copresence—treating them as avenues to understand singers’ “ways of knowing,” or how they “experience, remember, and imagine.”<sup>23</sup> A combined feminist and sensory approach to the ethnographic interview also understands interviews as social, sensorial, and emotional encounters, rather than as texts holding information.<sup>24</sup> For this reason, it was important to me that participants were able to reflect on and interact with their interviews beyond just reviewing a transcript.

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<sup>22</sup> Sarah Pink, *Doing Sensory Ethnography*, 2nd edition (London: Sage, 2015), 2.

<sup>23</sup> Pink, *Sensory Ethnography*, 23.

<sup>24</sup> *Ibid*, 82-6.

In the spirit of reciprocal ethnography, a crucial aspect of my research was gathering feedback on and alternative interpretations of what I had written from the singers themselves.<sup>25</sup> The singers and I engaged in a continuous process of review and dialogue that started with our collaboration in designing the research and interview process. Over the course of the project, singers listened to and reviewed their own and peers' interviews, gave feedback on textual representations of those interviews, and reviewed and commented on drafts of this and other papers. Singers also had the opportunity to reflect, provide oral feedback on, and discuss this paper and their experiences with each other during a roundtable Zoom gathering. Additionally, a member of the group sits on my thesis committee to offer a singer's perspective. Significantly, folkloristic methods such as reciprocal ethnography allow us to recognize patterns and structures while equally valuing and affirming the idiosyncrasy of personal experience.

#### ***A Note on COVID-19***

Since the emergence of the COVID-19 pandemic and the ongoing racial justice movements reignited by the murder of George Floyd in May 2020, both the composition of the Triangle Threshold Singers and the nature of their work has undergone significant shifts. Membership and involvement have decreased considerably, for many varied, complex, and individual reasons. Some singers expressed frustration and sadness around being unable to practice Threshold singing in the way it is typically done. Other singers expressed feeling that the meaning and impact of Threshold singing diminishes when they are unable to be physically present with each other, to blend voices, spirit, and presence. Grieving the loss of the connection and meaning they found through Threshold singing in the "before-times," some singers find that

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<sup>25</sup> Clifford, "On Ethnographic Authority," 118-146; Elaine J. Lawless, "'I Was Afraid Someone like You...an Outsider... Would Misunderstand': Negotiating Interpretive Differences between Ethnographers and Subjects," *Journal of American Folklore* 105, no. 417, (1992): 302-314.

participating in an online approximation is simply too painful. Even amongst the most committed members and leaders, some individuals have stepped back from Threshold singing due to circumstances in their personal life or to refocus their energy on other issues, such as political activism and racial justice. It is also the case that, for other members, the situation has led to a reaffirmation of their commitment to serve, especially in a time of heightened need, and a determination to continue despite the challenges.

Active members have worked tirelessly to maintain opportunities for continued involvement in Threshold singing by pioneering virtual singing visits to local assisted living facilities via Zoom. The members who are actively involved in virtual singing typically (1) feel comfortable using technology, (2) enjoy and feel comfortable in singing solo, and (3) perceive Threshold as a service organization that happens to use music in its mission.

The Zoom singing visits that have replaced in-person bedside singing differ from typical Threshold bedside singing in three significant ways. First, the population for which we sing is different. Whereas prior to the pandemic Threshold's primary focus was on individuals who were actively dying, now we will sing to any resident in the mood for a song. This shift in audience has also led to a shift in repertoire. Instead of singing soft, comforting, unfamiliar songs, we are more likely to sing familiar, energetic songs that residents will recognize and sing along to. The objective is less about helping someone cross the threshold and more about providing an opportunity for social interaction and interpersonal connection. Second, because we virtually visit the same residents every week, we have been able to form more long-standing relationships with residents and get to know them on a more personal level, including adjusting our song repertoire to their individual tastes. In this way, virtual musical visits have shifted the focus of Threshold singing away from gift-giving and towards relationship-building. Finally, in

this configuration, Threshold singers can fill a vital need for assisted living facilities that are struggling to provide adequate social activities and interaction for residents within the constraints of the COVID-19 pandemic. Virtual volunteers—musical or otherwise—can help to relieve the increased burden of care that many facilities are experiencing, as well as offer support and a morale boost for professional caregivers.

I think it is safe to say that the story of Threshold singing during the pandemic—like almost everything else during the pandemic—is one of equal parts frustration, innovation, and inspiration. Although I have included glimpses of musical Zoom visits in this paper, they deserve special treatment and are not the main focus of this work. However, across in-person and virtual visits, some aspects did not change at all, and some dimensions I came to understand even better *because* of the pandemic. In our conversations, Threshold singers repeatedly recalled a special sort of gratification they found in being able to employ their very specific combination of personal skills, qualities, and talents—whether those are musical, interpersonal, palliative, communicative, spiritual, or technical—in order to help someone in need.

Threshold singer Randy and I regularly virtually visit a woman who was born in France. We Zoom into an iPad that Devorah, a fellow singer and chaplain and social worker at local continuing care facility, has, and she takes us around to sing to residents in their rooms. French Speaking Woman (FSW) speaks English fluently, but Devorah felt that she might appreciate hearing some music in her mother tongue, especially as she struggled with depression and despair that worsened as the pandemic wore on. Randy and I started simple: “Frère Jacques.” FSW listened intently and with scrutiny. If she was pleased, she might break into very serious applause. If not, she might correct Randy’s pronunciation (“It’s ding *dang* dong, not ding *dong* ding”) or educate us about the shortcomings of the English translation. (“It’s not that morning

bells are ringing, it's that Brother John overslept and now we tell him to get up and go ring the morning bells so everybody can wake up on time.") As the weeks went on, we gradually advanced our repertoire, moving up a level to "Alouette" and "Il est né," at which point Randy reached the pinnacle of his French skills.

Five years ago, I spent a year in France. I volunteered at a nursing home throughout my stay, the designated clue-card reader for their weekly Trivial Pursuit tournaments. So, I dug deep and raided my French nursing home knowledge for a little repertoire, and between "Frère Jacques" and "Alouette," I began to add in some Edith Piaf, Charles Trenet, and Joel Dassin. We sang to FSW when she was in a good mood, when she was crying, when she was sleeping. Once, she even instructed me to serenade her in farewell as she wheeled herself out of the room.

Sometimes, FSW wasn't in the mood for a song. Sometimes she was in too much pain to repeat any refrain other than "I just want to die." "Not today," Devorah would say. "We can't die today because we have some singing to do." Of all the things I imagined doing with French fluency, singing Edith Piaf to nursing home residents over Zoom during a global pandemic was not what I had had in mind. But what better than to sing with someone in their first language, the language in which their mother sang to them? Whether in person or virtually, what better feeling than to know that you have the exact eclectic and specific skillset to offer someone exactly what they may need?

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Within the context of modern end-of-life care, musical-thanatology, and previous folklore research on deathways, we can understand Threshold singing not only as a practice, but also as a movement to teach community members technical, emotional, and artistic (musical) competencies and how to employ them to provide emotional and spiritual support for dying

individuals. Of course, Threshold singing is only one among many “death-positive” movements that have sprung up in the twenty-first century. These include community events such as Pittsboro, North Carolina’s annual [Death Faire](#); social media movements like Caitlin Doughty’s [Order of The Good Death](#), which encourages internet denizens to “[break] the culture of silence around death...through discussion, art, innovation, and scholarship;”<sup>26</sup> and death cafés, where community members gather locally to discuss death-related topics together in a casual and friendly environment. In *The Death Café Movement: Exploring the Horizons of Mortality*, sociologist Jack Fong notes that the element that marks these activities a social movement(s) is that the participants perceive their society’s attitude towards death as a social issue which both needs fixing and has a source to which activists attribute blame.<sup>27</sup>

In contrast, my conversations with members of the Triangle Threshold Singers did not reveal an impulse to lay blame or to revolt. Instead, many singers verbalized their awareness of pervasive social attitudes toward death and the ways in which they have seen these attitudes serve—or not serve—the people they love who are going through the dying or bereavement process. Indeed, for some singers, implicitly or explicitly encouraging others to view death as a natural process is not about reform but return. Ann shared her opinion, “You know, if you look through history, death is not something where you should be alone. The tribe is around, the shamans are there, the music is there. It’s just what happens to your body, and you just travel.”<sup>28</sup> One can easily evoke a connection between Threshold singing and a return—perhaps historical,

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<sup>26</sup> Caitlin Doughty, “Death Positive,” on *The Order of the Good Death*, Accessed February 8, 2021, <http://www.orderofthegooddeath.com/death-positive>.

<sup>27</sup> Fong, Jack, *The Death Café Movement: Exploring the Horizons of Mortality* (Cham: Springer International Publishing AG, 2017), 229.

<sup>28</sup> Ann Ringland, Interview, December 8, 2020.



perhaps mythic—to intrinsic, embodied knowledge, shared from person to person, about how to act, cope, and find meaning in the presence of death.

## CHAPTER 1: “I can still talk to her”: Threshold Singing as Dialogic Farewell Communication

Any Threshold visit is rich with creative communication—verbal and nonverbal, offered and received, embodied and felt—between and among everyone present at the bedside, including the singers, the traveler, and possibly family members and staff. Most importantly, this communication does not just go one way. When asked about what they are trying to communicate to a traveler when singing at bedside, singers noted that they are *listening to what the traveler is communicating to them* as much as they are trying to impart messages of calm, comfort, and connection. In this sense, communication in the course of a bedside singing is not unidirectional; the information and emotion that travelers, family members, and caregivers exchange with the singers and amongst each other are just as integral to the interaction as the singers’ communication with them. Threshold singing provides a rich example of folklore as “artistic communication in small groups;”<sup>29</sup> every person present at a bedside singing communicates with each other in thought, word, deed, and song.

The reciprocal communication that happens between singers and travelers is an example of what communication scholars Christine Davis and Deborah Breede term “dialogic farewell communication.”<sup>30</sup> In consideration of researchers’ findings that “as many as 66% of family members of those who are dying don’t want to talk about the impending death of their [loved

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<sup>29</sup> Dan Ben-Amos, “Toward a Definition of Folklore in Context,” *Journal of American Folklore* 84, no. 33 (1972): 13.

<sup>30</sup> Christine S. Davis and Deborah C. Breede, *Talking Through Death: Communicating About Death in Interpersonal, Mediated, and Cultural Contexts* (Boca Raton: Routledge, 2019), 87.

one] with that [loved one],”<sup>31</sup> the creation of a space for dialogue through gestures such as songs, verbal farewells, and gifts is essential to helping families communicate about death. In Threshold singing, the traveler “is seen and treated as a unique human being with individual wants, needs, and tastes,” and singers seek to develop a dialogic relationship in which the patient is “lifted up and made to feel better about themselves by virtue of the way they are treated.”<sup>32</sup>

Threshold singing functions as a form of dialogic farewell communication that affirms a traveler’s personhood through holistic, intuitive, and embodied listening, and compassionate creative choices that honor the individual’s identity and present needs. Members of the Triangle Threshold Singers will be the first to say that there is no such thing as a “typical” bedside singing visit; every situation and individual is unique. However, to illustrate some key characteristics of many visits, I will take us on a short singing visit to a local continuing care facility. Then, we will explore how singers’ attention to holistic, embodied listening, choosing intentional songs, and offering a comforting presence can create space for dialogue, support, and acceptance. We will also touch on how Threshold singing can encourage or enable dialogic farewell communication between travelers and family members.

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Most memories I have of singing with the Triangle Threshold Singers are cold and drizzly—this is not a reflection on the singing, just a side effect of making memories in mid-February. On one such afternoon, Suz and Kathy swung by to pick me up on our way to a monthly bedside singing commitment at a local retirement community. Our girl gang set off—Suz, a seasoned singer with a sparkling chaplain’s manner and piercing blue eyes; Kathy, with

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<sup>31</sup> Davis and Breede, *Talking Through Death*, 83.

<sup>32</sup> Davis and Breede, *Talking Through Death*, 71.

matter-of-fact observations and fun facts about Carrboro’s “green burial” ordinances; and me, with my binder of songs and a listening ear—towards what they briefed me was the area’s “granola” retirement home, both by reputation and per their friends and family members who lived there.

I don’t know that I would have picked up on the “granola” myself through observation, at least not immediately. I could tell it was a nice place, though. Several buildings, cottages, and pavilions made up the complex, all set back in a wooded area. Had it not been February, the grounds would have been lush and green. When we arrived, we trekked up a small hill from where we had parked and joined our other singers beginning to gather near the receptionist’s desk to sign in. We peeled off our jackets and scarves as Debbie<sup>33</sup>, who was leading the visit, gathered us all into the small entrance hall.

As we were waiting for the rest of the singers to arrive, another young woman, who was not part of our group, approached us. Debbie welcomed and introduced her as a reporter writing a piece on the Triangle Threshold Singers for a publication at Duke. The reporter had a very official-looking notebook and intense observational energy, and I immediately knew that she was about to take better notes than I was. I knew this because my note-taking set-up consisted of my smartphone and a vigorous commitment to being as unobtrusive as possible, equally motivated by ethics and social anxiety. The reporter hung back in the corner while Debbie led the seven singers in some grounding exercises. “Right before we walk into the room, leave your baggage outside the door,” she reminded us. “It’ll be there for you to pick up on the way out. I prefer not to pick it up. It generally comes back to find me, anyway.”

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<sup>33</sup> Debbie wished to be identified by her first name only.

With that, we mirrored Debbie as she took a deep breath, stood tall, closed her eyes, and slowly shifted her weight from one foot to the other.

“So, to find center and ground yourself, rock back and forth, forward and back. Rock back and forth... and rock side to side. And then—now, rock all around the edges and go like circles one way, circles the other way...And now find the center of your foot and take some breaths.

“And now feel yourself growing roots from your center. Now, down into the ground, through the floor, into the Earth. And feel those roots, so you’re grounded and rooted.

“Now, take three progressive breaths as if to visualize you’re breathing in through your feet from the ground, from your roots up through your feet. On the inhale, at your own pace, inhale the breath all the way up your body and out your head.

“And then after you breathe in, breathe out visualizing from your head all the way down through your feet to the roots, and do that three times at your own pace.”

I had difficulty quieting my mind while feeling the bustle of the entrance area around us, but nevertheless my mind had received the message that it was time to focus and begin. When Debbie was satisfied that we were sufficiently centered and well-rooted, she led us upstairs. The facility had misplaced the list of who we would be visiting, so she went off to get more information while the rest of us huddled in an empty activities room and did some quiet vocal warm-ups. The reporter observed from between the crafts cabinet and the grand piano. As we waited, we ran through a few songs in unison and in harmony and reviewed the hand signals that we had learned at the last rehearsal: fingers crossed like a wish and drawn across the lips for ooh-ing in unison, fingers crossed for singing in unison, thumb and forefinger in an “L” shape for

two-part harmony, a circular motion to signal a repeat, and a closed fist to signal the end of the song. As we practiced, it became clear that we were all still learning.

After about twenty minutes, Debbie returned with the list of residents to visit. We split into three groups to visit five to ten residents each; I went with Suz and Kathy to observe and sing; the reporter went with Debbie's group to watch and take notes. Suz looked over the room numbers to recall which individuals she had visited before and what she knew about their song choices, personality, or health situation. Then, we set off. The winding hallways connected pods of rooms in a circle. Between rooms, we passed the nurse's station, a display of residents' artwork, a dining area, and a natural history-style display of African art.

Behind every door we knocked on, no visit was the same. In her role as the "anchor" of our group, Suz did the knocking. As we entered each room, she introduced us to the residents, asking if they wanted a song. In the seconds it took for us to get situated, she assessed the situation: Who were we about to sing to? Did they have family or memories in photos on the walls? How were they feeling? Where was the best place for us to stand? Did the T.V. need to be turned off? And, what to sing?

The first few residents we visited were sitting up, engaged, and in the mood to sing along. We sang "Blowin' in the Wind" with a man who wanted a slow song, "Oh, What a Beautiful Morning" with another man who requested something louder and more rousing, and "Getting to Know You" with a woman who told us about her family as we sat on the foot of her bed. "Swing Low, Sweet Chariot" was reserved for a woman whose daughter was visiting. The daughter sang along; the mom said nothing, but smiled along the whole time. As we left the room, Suz shared what she knew that Kathy and I did not: "Can you believe that woman is 106 years old??"

Our final visit was more subdued. When Suz knocked on the door, there was no response—but she knew that was expected. We entered the room quietly, and Suz softly announced our presence. “We’re going to sing you a song, if that’s ok,” she said. “You don’t have to do anything, just let the music wash over you.” Suz signaled for Kathy and me to move closer around the bed, mouthed the title “Rest Easy,” and drew her crossed fingers slowly across her lips. She began ooh-ing the melody softly, at a gentle, baby-rocking tempo, and Kathy and I joined in. After a minute or so of gentle humming, Suz held up her crossed fingers and we sang on the words. As the woman’s breathing slowed and grew more even, Suz indicated to me to sing the higher harmony. In the softness and stillness, we retraced our progression, first back to singing in unison, back to ooh-ing, and eventually to silence and a farewell. “Thank you for letting us share this song with you,” Suz said. We quietly exited the room and closed the door behind us.

We let the moment reside with us for a few minutes before speaking. As we walked again past the residents’ art exhibit, the three of us debriefed the song choices of the day, revisited special and awkward moments, and observed how the last woman’s breathing had changed as we had sung.

As we stepped outside, the brisk, damp February air brought me back to the rhythm of the day. Conversation resumed as we clambered back into Suz’s car. I answered some questions about my research and asked Suz about her upcoming trip to Hawaii. Suz and Kathy exchanged some opinions on cremating vs. burying their dogs who had died, and we called it a day. We looked forward to singing with each other again soon.

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As the previous anecdote illustrates, no two bedside singings are the same. Every aspect of the visit—from the individual traveler and singers, to the physical space, to the emotional atmosphere—can vary from bedside to bedside. The key to a successful visit, then, is successful reciprocal communication with the traveler, whether through conversations, song choices, or physical indicators. Triangle Threshold Singers members stress that even a seasoned bedside singer should remain open to whatever might occur during a visit and avoid bringing assumptions or expectations—including those about whether a traveler desires the singers’ presence or music—into the room.

Offering a traveler the opportunity to consent to bedside singing fulfills two key aspects of healthy dialogic farewell communication. First, asking for permission frames the communication as a two-way interaction. Second, this gesture affirms the traveler’s personhood and honors the fact that they continue to live—to have preferences and desires and make choices—even as they are dying. If the traveler is verbal and responsive, Joy described the process as going something like this:

*If we go into a room and a person is sleeping, sometimes we’ll just quietly say hello. You know,*

*“Hello, Alice, would you like to hear some music?”*

*“Oh, I’m really tired,” they might say.*

*“That’s ok, you just close your eyes. We’ll sing you a couple little songs. Just relax.”*

*And that works well. They do, they’ll just relax. And sometimes, they’ll perk right up!*

*“Oh, thank you!” they’ll say. Or they’ll sing with us.*

*You just never know.<sup>34</sup>*

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<sup>34</sup> Joy Williamson, Interview, March 28, 2020.



Of course, sometimes travelers answer “no,” either verbally or nonverbally, and the singers respect that. A traveler could express “no” by directly asking the singers to leave, by showing disinterest, or by exhibiting physical agitation. Singers take the responsibility of listening for and respecting the traveler’s consent seriously. Norm explained:

*First of all, you want to have some sort of reassurance that your presence is welcome which, in the vast majority of the cases, you come away with the feeling that it is. [...] Occasionally, there will be a situation where a person becomes agitated, may verbalize something indicating pretty clearly that they really don’t want what you’re offering, that it is intrusive and unwelcome. And I think when that happens, it’s time to stop.*<sup>35</sup>

Across the board, singers emphasized that it is never appropriate to push ahead, even if they traveled a long way, or the traveler previously enjoyed the music, or the singers feel self-conscious about the rejection. Suz echoed Norm’s instincts:

*There are times when a traveler wants to be alone! He or she may have been overwhelmed but can’t express,*

*“There are too many of you around me right now.”*

*“You’re invading my space right now.”*

*“You’re too loud right now.”*

*And when that has occurred, the anchor will stop us right in the middle of the song, even. We’ll be quiet for a few minutes. We may try another song, and be received... The important piece, to me, is that we’re there ultimately for that traveler.*

*And the family members may want us to try more, or they might want us to go right away. And as we read the energy of the traveler, you know what he or she wants. And you follow your intuition and simply say, “Thank you for having us today,” or the next song works.*<sup>36</sup>

As Suz’s scenario highlights, sometimes a traveler is not able to verbally consent to a Threshold visit. He or she may be sleeping, unable to speak, or simply unresponsive. If present, the singers may ask family members for permission and reassurance that their presence is welcome. The

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<sup>35</sup> Norm Loewenthal, Interview, June 22, 2020.

<sup>36</sup> Suz Robinson, Interview, March 27, 2020.

singers asking for permission—and the traveler or family members granting it—is just the beginning of a continued dialogue that characterizes the duration of the Threshold singers' visit.

Once the traveler or family members have assured the singers that their presence is welcome, the singers do not immediately launch into song. Singers speak to the importance of taking a moment to assess the room and the situation to try to understand what the traveler (and/or family members and/or staff) really needs. This holistic and embodied form of listening is aural and physical, skilled and intuitive.

When possible, singers try to gather relevant information about the traveler and the situation before they enter the room. Ann, the group's intake coordinator, explained that the process usually begins with a call from someone who cares about the traveler—a social worker, a pastor, a child, a friend. In these conversations, she will gather information such as: Is the family present? Is there anything specific about the person the singers need to know? Are there any precautions singers should be aware of? Having some background is important, Ann said, because once she enters the room, there is so much else to take in:

*It's hard to describe. Because either you're at a home—in homes, it's the bedroom, or not so much the bedroom as the bed in a room. I think oftentimes someone will be in a bed that's in a larger room or a room that has more light.*

*When I go in, I assess the space, and where to sit, and how to be. So, no, there's nothing standard about anything, about anything about the physical situation. There's also—going back to what kind of songs to sing—what kind of background does this traveler have? Are they deeply religious? Would they like hymns or that kind of thing? But we try to get some background before going into this situation.<sup>37</sup>*

If there is more than one singer present, the group will have a designated “anchor” whose job it is to pay extra-close attention and use this information to make decisions—like how to introduce themselves, how to situate themselves in the room, and which songs to sing—on behalf

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<sup>37</sup> Ann Ringland, Interview, December 8, 2020.

of the group. Debbie, another seasoned anchor, described the many levels of information she is trying to gather at once:

*You're trying to watch the family, and the family dynamics between the family and the traveler, and the dynamics within people in the family, and then the friends there, and then staff comes in and the machines go off and you're looking when you walk in— You scan the room. So, you say, "Okay, is there a Torah on the bookshelf? Or what kinds of pictures? What can I gather here that would help me relate to the person and also choose appropriate songs and avoid songs that wouldn't be appropriate?"*

*It's a lot to keep track of, especially if then you're also training a new anchor, or there's people who don't know the songs, or they're new to Threshold and have never done bedside singing. There's lot of layers of different things going on.*<sup>38</sup>

Singers attribute their ability to notice and make appropriate decisions based on so many layers of information—the physical layout of the space, the traveler's individual identity, the emotional atmosphere, and interpersonal dynamics, to name a few—to experience, training, and a certain amount of intuition. Ann recalls that when the Triangle Threshold Singers was founded, the members spent up to a year seeking out training by others, sensitizing themselves to what it would be like to be at bedside with someone who was dying. The group attended counseling and in-services classes with hospice nurses, and individually completed hospice volunteer training. For her, the process of training to sing at bedside was learning that simply showing up with a good voice was not enough: being with a traveler at bedside requires thought, training, and *intention*. When I asked Ann what the most important thing she learned in training was, she didn't skip a beat. "Oh, I can summarize it so easily," she said:

*Do not take yourself into the room. You are your vessel. You're empty of what you're feeling, of what's going on with you. You just empty yourself so that you can be with that person. I have no right to bring myself, my anxiety, any kind of upset, any kind of preconceived notion, any kind of anything into that room. Because the focus of the room is the traveler.*<sup>39</sup>

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<sup>38</sup> Debbie, Interview, April 11, 2020.

<sup>39</sup> Ringland, Interview.

Formal training, workshops, and regional Threshold International gatherings also taught Ann some practical lessons, such as to situate singers as close to the traveler's head as possible, in case he or she is hard of hearing, and to keep a folding sports chair in the trunk of her car in case she needs something to sit on to be able to get up close. Through experience, she has learned that the many individuals she visits often have the television on, and it is best to ask them for permission to turn it off before singing.

In his 2010 article "Deathbed rituals: Roles of spiritual caregivers in Dutch hospitals," theologian Thomas Quartier advocates for the differentiation and professionalization of ritual care. In his view, the professionalization of services like bedside singing will attempt to ensure a positive experience for the individuals receiving the ritual and may also promote renewed interest in and recognition of the power of the symbolic dimension of dying for other end-of-life professionals and caregivers.<sup>40</sup> Quartier's case for professionalization implies an ideal of formal education, standardization, and remuneration in ritual care; he argues that professionalization is the best pathway to both advance the legitimacy of ritual care and ensure the quality of care among practitioners. While I agree that practitioners should approach deathbed ritual activities with skill, knowledge, and expertise (and also agree that it is important to show that we value this labor by paying the people who perform it professionally), I also believe that the specialized, skillful, and compassionate work of the Triangle Threshold Singers shows that professionalization is not the only, or ultimate, answer. Threshold singers receive extensive formal and informal training and experience that allows them to be especially in-tune with and able to adapt to community and individual needs and preferences; the practice of bedside singing

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<sup>40</sup> Thomas Quartier, "Deathbed rituals: Roles of spiritual caregivers in Dutch hospitals," *Mortality* 15, no. 2 (2010): 119.

gains credibility and legitimacy as singers share it with friends, family, and the end-of-life care professionals who witness the power of their work.

Today, as an established organization, much of the Triangle Threshold Singers' training takes place through the singers' sharing of their experiences with each other at monthly meetings, debriefing successes and troubleshooting mishaps of recent bedside singings. Debbie, the group's training coordinator, noted, "The new people train us, too. We all learn from each other, no matter how much we've done it."<sup>41</sup>

Joy expressed that she appreciates the training Threshold singers receive because it extends beyond that of other volunteer groups that work with similar populations. "I think we're trained to observe the more spiritual part of what is going on with that person [...], to assess where that person is really at and what they need."<sup>42</sup> At the same time, she believes that Threshold singing requires a certain amount of intuition and emotional intelligence, whether that is sensing a traveler's embarrassment about their situation or picking up on tension between a traveler and their family.<sup>43</sup> Intuition is especially important when it comes to communicating with a traveler who is not verbally responsive.

When I started singing with the Triangle Threshold Singers, I repeatedly heard two axioms: (1) Hearing is the last sense we lose before we die, and (2) Pay attention to the traveler's breath. As previously discussed, every bedside singing is different, including the traveler's state of awareness or responsiveness. Sometimes, a traveler could be sitting up and active, chatting

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<sup>41</sup> Debbie, Interview.

<sup>42</sup> Williamson, Interview.

<sup>43</sup> Williamson, Interview.

with the singers, making song requests, or singing along. At the other end of the spectrum, the dialogue may feel much more one-sided. Randy described his experience with such situations:

*Sometimes, you've got to visualize—and you've got to visualize pretty hard—that you are singing to a person. We often repeat that hearing can be one of the last things to go. I haven't noticed it so much myself, but I've heard [other singers] oftentimes point out that someone's breathing regularizes with the song and things like that.*

*And that's partly their thinking about the patient, but it's also partly them encouraging themselves. Because you need that encouragement! If that patient is unresponsive, that's all there is. At the other end of the spectrum, somebody can be quite vigorous.<sup>44</sup>*

Joy described how she observes travelers' breathing and physical indicators to gauge the effect that singing is having:

*Sometimes you don't know if [the singing] is working at all. But once in a while, you will know, this is working. And you'll see a patient: their breathing will become more calm, maybe they were agitated and fidgeting—which are common end-of-life behaviors—and they'll just kind of settle down, and just kind of lean into it. And I just feel like it's a very unique thing.<sup>45</sup>*

The connection that singers form with travelers is indeed a unique thing, Norm reminds us, because Threshold singing is a two-way interaction, even if an outsider would not immediately recognize it as such. Norm continued,

*Quite often, the person that you're singing to is near the end of their life. They're not communicating in what you would regard as an ordinary way. But there really is a sense or feeling of interaction. Quite often—and you may have had this experience, too—you become aware that you're being heard, that you're being appreciated through the facial indications that the person may give. They may even move their hand or their body in some way that allows you to feel that. But it's not a one-way experience. It is very much an interaction. And that's a very strong part of it. So, to use your term, communication, which I think of as being a two-way street, is very much how it is.<sup>46</sup>*

On the Threshold singers' side of the two-way street, many singers say they wish to convey a sense of “calm,” “comfort,” “ease,” and “presence” to a traveler at bedside. In response, a

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<sup>44</sup> Randy Tobias, Interview, July 22, 2020.

<sup>45</sup> Williamson, Interview.

<sup>46</sup> Loewenthal, Interview.

traveler may communicate a concrete message in return, such as gratitude or recognition. Other times, singers are simply looking for an indication that the traveler has accepted their offering of song. When Suz and I interviewed each other about our Threshold singing experiences, she recalled a moment that was all that to her, and more. We were seated in her wooded front yard, six feet apart around her firepit with my phone, recording, on the ground between us. She spoke slowly and with intention, as if each word were a revelation:

“I’m thinking of a time recently when I sang to a traveler,” Suz began. “In this particular case, this woman knew one of the singer-songwriters and had sung with her for many years.”

“Mmm,” I responded, confirming I understood she was referring to local singer-songwriter Cynthia Crossen, who has written some of the songs the Triangle Threshold Singers sing at bedside.

“And, when I arrived,” Suz continued, “her eyes were closed, her breathing was shallow and raspy, and there was even a death rattle.” Suz paused for a moment, while the chirping birds and a busy woodpecker continued on.

“I told her who I was, I told her I remembered singing with her—and her breathing changed. And then, I told her I was going to sing one of Cynthia’s songs.”

I hummed again, this time in support of a decision that must have been full of emotion, meaning, and mutual connection.

“And as I started to sing, the tears fell.”

“Oh, wow.”

“And nothing else changed other than—it was her right eye—and tears just kept falling. And her breathing became very even.” More birds. “And right in time with the song.” Suz finished her thought as if she was speaking the closing words to a prayer. And then she addressed me, or the recording, directly, “And I thought, if anyone ever felt like music didn’t make a difference in a person’s life, I wish they could be with me this very moment.”<sup>47</sup>

Throughout this and other conversations, Suz and other singers offered examples upon examples of how bedside singing may not only ease someone’s death, but *make a difference in their life*, even as they are dying. Just as the holistic and embodied *listening* discussed earlier creates a dialogue between singers and the traveler and honors the traveler’s individuality and dignity, the ways in which singers *contribute* to the conversation have a similar effect. One way that singers communicate with a traveler—regardless of his or her responsiveness or alertness—is through their song choices. Whether a singer is choosing a familiar song for the traveler and/or others present at bedside to sing along to, or an unfamiliar Threshold song to comfort the traveler while they sleep, an appropriate song choice says, “I see who you are. I see how you are feeling. I care about you. I am paying attention to what you need.”

Singers rely on a combination of training, experience, intuition, and a willingness to mess up and try again to choose appropriate songs. Many singers start by using the information they have gained by their holistic, embodied listening and observation as clues as to what might be an appropriate song choice. Joy explained how she uses visual and interpersonal cues to aid her decision-making process:

*We kind of assess the situation when we go in the room. If we see Bibles and pictures of Jesus, we might choose to sing hymns. Or if the family requests that, we will sing hymns. It’s kind of an as-needed basis. You never know. If we go in and the family says “Oh, my*

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<sup>47</sup> Robinson, Interview.



*mom loves showtunes,” you know, we might just start singing songs from Oklahoma! It’s kind of whatever the person needs. But our music is generally very quiet and not accompanied with guitars or anything, when we sing at bedside.<sup>48</sup>*

As previously discussed, singers encourage each other not to make assumptions about who a traveler is or what he or she needs. At the same time, if the singers have very little information about the traveler, basic assumptions can sometimes be a starting point for determining an appropriate song. Randy shared his intricate—and self-deprecative—personal philosophy on song choice, which he applies both to Threshold singing and to unaffiliated volunteer solo musical visits he makes to hospice patients:

*Well, you do have to make an assumption, or you wouldn’t be able to sing. I always look at people’s birth year and add eighteen to it. And I try to pick songs from around then. Those are the songs we know best! Or at least the songs, you know, that we associate with some of the best times in our lives. I just think so.*

*But sometimes you can fail horribly. [laughs.] So sometimes you’ve just got to be quick to say, “Whoops! That’s not working out—maybe we should sing something else.”*

I asked Randy what else went into his decision-making process:

*Um, I try to decide on somebody’s religious leanings. Not only, you know, what flavor they might be, but how strong it might be. And I, you know, you can’t make those initial decisions without making some assumptions, and those being some pretty...crude ones, I should say.*

*If somebody’s African American, I will often sing a gospel song first. And I could be, and I often am, wrong about that. Maybe they actually want to hear jazz, which I...can’t do. [laughs.] So, we’ll do something that sounds jazzy or find some happy medium.*

*And if somebody’s older, if they’re—I’m trying to figure out what a good old age is here. [laughs.] If somebody’s my age, I have actually a pretty good idea at least of what was popular and that they will recognize it. And again, you can be just horribly wrong about these things. Or, you can have no footing.*

*I remember singing for a fellow from India. Which I know, well, zilch about Indian music—classical or popular or any other kind. So, in that case, I fell back to Threshold [music]. Because it wasn’t supposed to be recognizable, anyways. And actually, that one was a success.*

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<sup>48</sup> Williamson, Interview.

*One of the difficulties I've always had with Threshold singing is singing softly enough. As soon as I showed up and practiced the first time, they all sort of looked at me and said, "Um, you're going to have to sing a little softer than that!" I thought I was singing softly! [laughs.] So, I work and work at it.*

*But, for this particular fellow, I sang something like "Sending You Light" or "Rest Easy," some standard Threshold number, and I sang it as softly as I could, because it's what you're supposed to do. And he told me that, actually afterwards, he said, "That was so beautifully soft." And I was like, "Thank you very much! I tried!" [laughs.]*

*So, I guess that's all to say that I shy away from anything that seems to fit in any niche if I really can't figure out what somebody's niche is. Otherwise, you know, I'll give it a chance and if that doesn't work, I'll try something else. That's the best you can do. Oftentimes, in folks' hospice rooms there are pictures around, so I can get an idea of what folks have done. What they've done with their family, what they'd like to remember about their families. There will sometimes be music actually already playing. If—again, more gross and crude assumptions—but if somebody has a certain accent, I will try country music first.*

*I don't know—how do you make decisions when you have no information? You've got to use what you can. The most important thing is, none of these are hard and fast decisions. They're just the first shot that you take at things, and sometimes you're right and sometimes you're wrong.*

I summarized what I had heard so far: You go with the information that you can gather, and try some things out, and then see where it goes from there. Randy responded with an affirmation and a caveat:

*Yeah, well, the thing about singing is, you've actually—people can kind of tell what you've decided about them because you've opened your mouth and started singing. [laughs.] You're a little out on the line for that.<sup>49</sup>*

Singers take all these factors—age, race, ethnicity, faith, religiosity, alertness, emotional state—and more into account when trying to choose an appropriate song. Often, their training, experience, and intuition allows them to succeed. Other times, despite good intentions, they fall short. Furthermore, when singing in a pair or group of three, the required coordination between the singers can limit the flexibility of their song choices. Still, Randy says, while choosing the

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<sup>49</sup> Tobias, Interview.

perfect song is a great feeling, even just starting a dialogue about the songs a traveler likes can be a meaningful moment of communication.

*When I choose the right song, like I say, that's the best feeling. [...] If I can at least choose the right song—just saying the name of a good song, whether you can sing it or not—and I've done that in some cases, where I'll sing a little bit of something.*

*They'll say, "You know, tell you what, Ray Charles, he was something."*

*"Well, I know one song by him."*

*"Oh, you've got to know these other songs by him!"*

*So, just going down a list of songs that you like, whether you sing them or not, is another way to connect with people through music.<sup>50</sup>*

That said, connection through music comes in many forms, and one form of connection which comforts one traveler may be entirely inappropriate for another traveler, or inappropriate for the same traveler but in a different situation. One choice that singers face when deciding on an appropriate song is whether to sing a song that is familiar to a traveler (e.g., folk songs, popular songs, hymns), or one that is not familiar to them, such as a Threshold song. If a traveler is awake, responsive, and looking to connect with family members, reflect on their past, or honor relationships, he or she might prefer a song that is familiar. Many times, singers will sing familiar songs upon request. As Joanne explained,

*You know, we typically sing songs that were written for the threshold, but we also will sing favorite songs, whether they're hymns or— Sometimes family members will say, "She loves a song from the thirties," or the fifties or whatever.*

*And we're not going to say, "Well, I'm sorry, but we sing songs from the Threshold repertoire. And this is the type of song they are."*

*No! It's like, "Great. Okay! You want to hear 'Blowin' in the Wind' by Bob Dylan? We'll sing 'Blowin' in the Wind!'"<sup>51</sup>*

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<sup>50</sup> Tobias, Interview.

<sup>51</sup> Joanne Dahill, Interview, September 24, 2020.

Ann recalled a time that she and a fellow singer tried their best to fulfill some very specific requests:

*I remember this one guy in the hospice building, and he wanted...Elvis Presley. And we're like, "Oh, gee, I can't pull Elvis Presley out of my bag!!"*

*And somebody else wanted... Oh, what was it? It was something.*

*And this one woman that I sang with a lot, Ivy—Ivy and I looked at each other and were like, "We'll be right back!!!"*

*So, we went out into the hall, looked it up, sang it to each other [laughs]. The request, you know, it was something. It was like, "Okay! We'll come right back!!!"<sup>52</sup>*

In addition to building rapport with a traveler by acknowledging their preferences and requests, a familiar song can be comforting, nostalgic, evocative, and meaningful. Randy explained:

*Well, a familiar song is useful because somebody knows it. They bring their own sense of comfort to that song. And often they're hymns, but not necessarily. I've sung Johnny Cash because that's what one woman— [Stefani: Sad comfort!] Yeah. Right. [laughs] I know. "Ring of Fire."*

*"You Are My Sunshine" is another good example. As we talked about, you look into those words and they're not very comforting words. They're all about being left behind. But for the woman I was singing it for—and this is something I was just thinking of—she wanted to hear it because it was what her father sang to her. She was an older woman by now, but she remembered her father singing it to her when she was sitting on his lap. So, that's what the recognizable songs—like I say, people bring their own comfort with them, and you're just reminding them of the comfort they've already got inside.*

*Of course, it can go wrong, too. And I've made that mistake, too [laughs]. I've walked into a place and started singing "Amazing Grace," and somebody, for them, that's a funeral song. "Don't sing that in here! We don't want to think about funerals."<sup>53</sup>*

In this case, singing a familiar song is a way of accessing pre-existing internal strength, emotion, and comfort through song association. Familiar songs can also transport travelers and family members back to a different point in time and help them reflect on their life. Joanne recalled a time she went to sing with a friend who was dying. When she arrived, his family was present,

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<sup>52</sup> Ringland, Interview.

<sup>53</sup> Tobias, Interview.

and they sang a few popular songs together. After the family left, she transitioned to songs that were calmer and more reflective.

*I think I might've actually just done "Blowin' in the Wind." And when I sang that, he just—it just really took him back to a time in his life. And he was teary, and he was sorrowful to know that his life was coming to an end, that he wouldn't be creating more memories, he wouldn't see maybe those people. I just sat with him when he had that. He was a lovely, very sensitive man: big spirit, lots of faith in a life beyond this life. But still, it made him sad to think, "I'm leaving." And I just sat with him, with that.*

*And then I said, "Well, let me just sing another one." And I don't remember what song I sang, but I sang a Threshold song that kind of must have had something about the wind—I felt like another level, another step from that more popular song, from "Blowin' in the Wind." I think I sang the song that talks about our sweet memories, "The memories flow by like petals on the stream" because that's what was happening right then for him. And the other part of that song says, "my grateful heart,"<sup>54</sup> so filled with these sweet memories of my life.*

*And he just said, you know, "This is good work you're doing." And that was it. Then his friend returned with her granddaughter who she had gone off to pick up from school, and everything changed again.<sup>55</sup>*

In this case, Joanne was able to tell when a familiar song could help her friend reflect on his life, and when it was appropriate to switch to something unfamiliar and calming. The emotional weight that familiar songs carry may simply not be appropriate for some situations; these songs also have the potential to be upsetting or overwhelming for a traveler. Travelers may feel compelled to work to try to identify, or simply pay attention to, a familiar song, whereas Threshold songs are soft, repetitive, and unfamiliar, and a traveler can experience them more like a sort of sound bath. Randy explained:

*You can't really go wrong with "Easy, Rest Easy." You're not going to trip anybody's extra emotions with that. So, the unrecognized [songs], or the unfamiliar ones is what I*

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<sup>54</sup> *My grateful heart, so filled with years of living.  
Memories flow by me like petals on a stream.  
My grateful heart forgives so many sorrows,  
Brings peace that lasts forever,  
Illuminates the dream.  
([Laura Fannon ©2004](#))*

<sup>55</sup> Dahill, Interview.

*should say, are easy to just let them flow over you. They don't tend to bring strong emotions with them one way or another. But that's fine. A strong emotion is also work that somebody might not be up to doing in that situation. [...]*

*And I'll tell folks, "You won't recognize this song—the point isn't for it to be recognized. The point is for it to be a soft, repetitive song, and it's supposed to be comforting." If somebody's in a situation where I can tell them that, I do let them know, because the work of recognizing a song—well, I guess what I mean to say is, it is work, mental work, to somebody who's got other things on their mind and doesn't need to be trying to do that. So, that's an interesting utility, actually, of the Threshold music. But I think recognizable songs are also useful in their place. We tend to focus, though, on the unrecognizable ones. The unrecognized ones, I should say.<sup>56</sup>*

Threshold singers recognize that, at the end of life, the simple act of focusing attention can be hard work for a traveler. Especially if a traveler is close to death, some singers feel that familiar songs may hinder a traveler from moving along his or her journey, from finding peace and acceptance and letting go. At the same time, when singers are singing for the family as much as they are singing for the traveler, they must balance the sometimes-differing needs of those two groups. Debbie outlined the complexity of such a situation:

*If somebody's really on the Threshold, then I don't like to sing songs that are familiar to them, I think it's their time to let go and move on. But sometimes the family members request that or want that, or the person sometimes is not so responsive, but the family is. [...] In a couple of situations, there was something different that the family wanted, than what I thought was best for the person. So, some songs you do for the person in transition, and some you do for the family.<sup>57</sup>*

No matter whether a song is familiar or unfamiliar, or sung for the family or for the traveler, all the singers I spoke with agreed on one thing: the song must be an authentic expression of care and come from the heart. While singers universally agreed that “singing from the heart” is a virtue of good bedside singing, this phrase means different things to different singers. As Suz put it, “As we sing songs, I believe each of our songs comes from somebody's

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<sup>56</sup> Tobias, Interview.

<sup>57</sup> Debbie, Interview.

heart, deep within their heart, and even beyond that, to their soul.”<sup>58</sup> Naturally, individual singers may also find it easier or harder to connect with certain songs. “I may find a few of the songs a little woo-woo occasionally,” Susan shared, “but really, I don’t think it’s in the same category [as New Age-y] because it’s more of a ministry.”<sup>59</sup> She elaborated that even though some Threshold songs could possibly be perceived as “woo-woo,” they don’t strike her that way because of the songs’ intent and who wrote them. Certain songs speak to Susan more than others, but she sings each one from the heart, in service of the person or people for whom she is singing. For Randy, singing from the heart also ties in with his Christian faith. He reflected:

*I am glad to have [my faith] in many situations. Many of the people I visit—not all of them, by a longshot—but many of the people I visit do find it comforting to be reminded of faith in times like this. I can sing... “Precious Lord” with an authentic emphasis that I think helps it come across the way they want to hear it. There might be some “Earth-peace” songs that I don’t sing with authentic emphasis [laughs], I don’t know. I probably should—no, I probably shouldn’t come up with any specific songs. I don’t think we have any specific songs that talk about Earth-peace. And the authenticity that I bring to a song that I don’t have anything else for is the moment that I’m singing it for you, right now, a song of comfort and to tell you that there’s somebody that cares.*

*Actually, now that we’ve said it, that’s something I think in some way needs to inform the music that we do in these situations, is a sense of authenticity—somehow or another. You know, I guess what I mean by authenticity is “I mean this song for you, right now.” It’s not something that somebody else told me to do, I’m not working out of obligation or anything. I’m doing this for you, now; I’m singing this word, right now, because I’d like you to hear it, whatever the word is. It’s not always the same, as you say. We have a diverse group of people who bring different authenticities.”<sup>60</sup>*

In the past, the field of folklore relied on what folklorist Willow Mullins critiques as a “restrictive” definition of authenticity that emphasized the “trueness” of a folk expression requiring that it “possess some unknowable value that is diminished with mechanical

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<sup>58</sup> Robinson, Interview.

<sup>59</sup> Susan Siegel, Interview, July 6, 2020.

<sup>60</sup> Tobias, Interview.

reproduction” or perceived contrivance or adulteration.<sup>61</sup> She worries the discipline’s attachment to restrictive concepts of authenticity leads to the neglect of subjects worthy of (and beneficial to) folkloric study. Folklorist Debora Kodish argues that the concept of authenticity is not unhelpful, but that we have much more to learn from the term’s vernacular usage: “the opposite of a divided/internally oppressed self, the idea of ‘trusting [your] inner voice,’ knowing on the deepest level that who you are to yourself is the same essence you offer to the world in which you move (Reagon 1990: 2).”<sup>62</sup> Kodish’s vernacular conception of authenticity rejects the idea that authenticity can be proven or disproven, “something quantifiable and recognizable, [which] exists and is important to us.”<sup>63</sup> Instead, authenticity becomes, as in the case of the Triangle Threshold Singers, a quality that is *felt* and *embodied*—yet still recognizable, existent, and important.

By choosing the right song and singing it in an authentic manner, the Threshold singers engage in a two-way dialogue with the traveler, validate his or her personhood, and facilitate moments of connection and reflection. Many singers I spoke to also had specific messages that they wish to communicate to travelers and family:

“You are not alone.”

“I am here beside you.”

“People care about you.”

“Rest and be comfortable.”

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<sup>61</sup> Willow G. Mullins, “Our Lady of Authenticity: Folklore’s Articles of Faith,” In *Implied nowhere: absence in folklore studies*, eds. Shelley Ingram, Willow Mullins, Todd Richardson, and Anand Prahlad (Jackson: University Press of Mississippi, 2019), 24.

<sup>62</sup> Kodish, Debora. “Imagining Public Folklore,” In *A Companion to Folklore*, eds. Regina F. Bendix and Galit Hasan-Rokem (Blackwell Publishing, 2012), 585.

<sup>63</sup> Mullins, “Our Lady,” 24.



“What’s happening is okay.”

“It is okay to let go.”

For some singers, Threshold singing is less about communicating specific messages, and more about imparting a *sense* of ease, comfort, and presence. Singers attempt to communicate these feelings not only through their songs, but also through their behavior and presence. When I asked Joanne what she hopes to communicate to travelers at bedside, she responded:

*Well, I guess I would just have to go to those words of ease and comfort and sense of peace. You know, I have my own ideas about what’s beyond when the body dies, but I’m not trying to somehow psychically communicate my beliefs to somebody and I don’t know what they believe, you know?*

*So, I don’t, I’m not trying to tell them something or prove something to them. So, I mean, I think that the words in many of the songs like that, like I mentioned, one of them, “My Grateful Heart,” you know, looking for gratitude for the gifts of life that have come. “Easy rest easy. Let all your troubles drift away,” encourages a sense of peacefulness.*

*Yeah, so I think that. I think just the capacity, you know, to be with what is, you know, I’m going to be with you with what is happening, and maybe if I’m able to just be with you, you can be with what is happening as well. I mean, at a certain point it’s demanded of us, right?<sup>64</sup>*

Debbie’s answer to the same question echoed Joanne’s:

*Sometimes [my message] is to bring some comfort and joy even at that time. Sometimes it’s to help people let go...to let them know, “It’s okay to go. This is your time.” Often, I’m envisioning myself channeling light, like from Above. It goes through me into the room, to everyone there. So, it’s not exactly communicating something to put into words, but I mean, communicating, “I care. People care about you.”<sup>65</sup>*

For many singers, simply communicating a sense of presence and companionship is the most important thing. “I would say there’s no particular message,” Larry said. “There’s an aura, or a feeling that I would like to convey. Of being enveloped. Of being held in some fashion. Of

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<sup>64</sup> Dahill, Interview.

<sup>65</sup> Debbie, Interview.

being suspended, even. Lifted from cares and worries and just bathed in soothing stuff. [...] It's like downloading massage oil on their heart."<sup>66</sup>

Randy describes his bedside visits as "a visit from a friend":

*[I want them to know] that there's a caring person in the room with them. And that sounds trite, but that's the only thing to communicate. As I said, fundamentally, it's not a performance, it's a visit from a friend. So, when I walk out of the room, I want people to remember that they've been visited by a friend—if they remember anything at all. And there are a lot of patients or unresponsive folks who may or may not remember it. But, to the degree that they have had any experience of me, I want it to be that a friendly person was in here, and by the way, the way I could tell that they were friendly was that they were singing to me. Or it might be because we talked about music and he asked me about my music and we talked about when I learned that song first, and that kind of thing.*<sup>67</sup>

Another singer, Susan, conceptualized her presence as being a "witness": a compassionate and loving presence, "another soul, another witness that this person is another fellow human being, a person who has lived and has made a mark of some sort on the Earth."<sup>68</sup> For Susan, a witness brings an atmosphere of peace, healing, calm, and loving-kindness. Because every singer comes with their own set of beliefs, values, and life experiences, no two bedside singings will be alike. No matter their background, all singers draw on their training, experience, and intuition to facilitate a compassionate interaction between themselves and a traveler that offers a sense of presence and support.

As previously discussed, the communication happening between the singer and the traveler is just one layer of a complex interaction. If family members or staff are also present, communication is always happening multi-directionally, among all parties. When Threshold singers visit a traveler in a pair or small group, the success of their attempts to communicate and

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<sup>66</sup> Larry Nessly, Interview, May 18, 2020.

<sup>67</sup> Tobias, Interview.

<sup>68</sup> Susan Siegel, Interview, July 6, 2020.

support travelers and family members depends on their ability to successfully communicate with each other. The anecdote at the beginning of this chapter illustrates some of the ways that singers ensure clear communication with each other. To start, the group designates one singer as the “anchor” whose job it is to make logistical and creative decisions (e.g., where to stand, what songs to sing, how many times to repeat, etc.) on behalf of the group. The group has developed and continues to fine-tune creative ways to communicate with each other in a non-invasive way while singing at bedside. While singing, singers use indications such as hand signals, eye contact, and the syncing up of breath to communicate about how to sing a song. These nonverbal instructions allow singers to communicate with each other in ways that hold the sacred space and detract minimal attention from the moment at hand. Finally, practice makes perfect: the more Threshold members sing together, the more easily they are able to intuitively communicate with each other.

The smoother the communication among the singers—and the more that the traveler and others at bedside perceive this communication, camaraderie, and cohesiveness—the more easily singers are able to facilitate the many other levels of communication occurring at bedside. The singers’ communication with a traveler’s family members can take a variety of forms, from offering comfort and support to the family, to helping them understand the dying process, to simply facilitating more open dialogue between family members and the traveler (or among family members). When trying to offer a sense of comfort, support, and presence, Threshold singers’ communication with loved ones looks a lot like their communication with travelers: Threshold singers may choose songs that are meaningful for the family or the singers may give them space to reminisce and reflect on their relationship with the traveler. As Joy noted, “A lot of times, [the family] will offer suggestions like, ‘Oh, my mom loved this song,’ or they’ll sing

along with us. Sometimes that brings up a lot of emotion in the family. They often will get kind of sad—it touches something inside of them.”<sup>69</sup>

Joy has also found that family members sometimes find comfort in talking to singers about the dying process. Although singers are careful to specify that they are not medical professionals, they can share with family members, in peer-to-peer interactions, the knowledge about death and dying that they have gained through training and experience. Joy reflected:

*Sometimes family members will ask us things like, “Well, what do you think? Do you think Mom’s close to the end?”*

*And I think that we can offer, maybe a little insight into what’s going on—never making a proclamation, like “Oh, yeah, this is the end,” but maybe just allowing them to ask those questions and us being open to hearing them.*

*Because people don’t like to talk about death. And a lot of these women and men have had some really profound experiences. They know how to help families. And I think that is very valuable. You know, we don’t get asked a lot, but occasionally people will say, “Well, what do you think?” We just have to be very careful what we say. But just allowing them to voice that they have questions about that I think is helpful.”<sup>70</sup>*

As Joy mentions, one of the most profound effects singers can have on a bedside situation is to facilitate a kind of meaningful communication that their society often sees as taboo. For example, singers can facilitate continued dialogue between a family member and a traveler, even when a traveler is no longer responsive, both through their presence and by sharing their knowledge. Debbie recalled singing for a friend of hers near the very end of her life:

*She was less and less responsive as time went on. I was coming every day. Then one day her son said, “She’s really...I don’t know that she’ll even receive anything, but you can go ahead and sing if you want.” And I like to match my tempo of the song to the person’s breath. On the other hand, we generally get softer and slower at the very end of a song. But not just to her tempo, but then I noticed when I slowed down at the end, her breath slowed down. And that happened every single time. And then I pointed it out to her son. I said, “She is receiving. Watch! Her breath changes and that happens every time.” And it just brought tears to his eyes. Like, “Mom’s still there. I can still talk to her.” And so that*

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<sup>69</sup> Williamson, Interview.

<sup>70</sup> Ibid.

*can change their interactions, when he realized he could still talk to her and she was still there.*<sup>71</sup>

From encouraging or enabling dialogic farewell communication between the traveler and their family to having a conversation about the dying process, singers are able to help family members overcome self-consciousness, anxiety, and fear. Over time, singers have inspired me with countless stories of times that their presence allowed travelers and family members to give themselves permission to connect through music. Ann recalled a time she witnessed music bring a family together:

*Oh gosh, there was this one guy. He was so darling.*

*He was really... [laughs] He was not gonna go. I mean, it was real clear he was not gonna go. He'd been a diplomat, or something like that. And his two sons were there, in the house. And they—one came in and was listening and everything.*

*And then he said, "Can I sing with you?"*

*And I said, "Well, of course!" Right?*

*He said, "Well, but you're singing something different."*

*And I said, "Well, what do you want to sing?"*

*Well, we whipped out a Rise Up Singing and we just started going through. We were singing cowboy songs! And old civil rights songs—and then the other brother came and brought the guitar—It was a hootenanny!!*

*And I went back there probably three or four times before the traveler finally said,*

*"Okay."*

*And the boys were really—well, boys—they were in their 50s or older. And they said,*

*"We really wanted to sing to him, but we just didn't feel like we could. You're being with us helped us get over that barrier."*<sup>72</sup>

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<sup>71</sup> Debbie, Interview.

<sup>72</sup> Ringland, Interview.

As Ann's anecdote illustrates, even when travelers and family members have all the skills they need to use music to make meaning in bedside situation, the simple act of having someone by their side to say "This is okay, let's do this together," can make all the difference.

For Threshold singers, making a difference—whether it's reaffirming a traveler's sense of personhood and dignity as they cross the threshold, or empowering families and travelers to embrace music as a way to have a meaningful goodbye —is what bedside singing is all about. As Threshold singers will tell you: they do not perform, they do not fix, they do not claim to have all the answers. But, through a combination of training, experience, informal knowledge-sharing, intuition, and the openness that they cultivate individually and as a group, the Triangle Threshold Singers not only make a difference in individuals' lives and deaths; they also play a key role in raising individuals'—and their community's—awareness of how they can call on their own abilities, skills, and creative resources in deathbed situations.

## CHAPTER 2: “This is not a performance”: Attention and Unframing in Bedside Singing Visits

About eight singers were gathered in a Threshold member’s living room, sitting in a circle. It was late afternoon on a Sunday, and we had already worked through several items on the agenda: debriefing bedside singings that had occurred in the past month, learning a new song and working through rhythmic kinks, and ironing out new logistical protocols for assigning singers to new cases. When it came time to rehearse another song, Ann, a member of the leadership team, proposed, “Stefani, how about you come to the middle of the room so we can sing to you, as if you were a traveler? Go ahead and lay down on the ground...Just like that...perfect.” As I moved to the center of the room to lie down and the other singers stood and gathered around me, I couldn’t quite tell whether the invitation was an honor, a hazing, or a role for which no one else wanted to volunteer. Randy sang the starting note, and the group took the pitch and started to hum softly. I was uncomfortably aware of my body, my arms crossed over my chest, and I closed my eyes, trying my best to not look too much like a corpse as I settled into the warm bath of soothing vibrations. As they finished humming the first verse, the singers began to sing softly, first in union and then in harmony:

*Easy, rest easy,*

*Let every trouble drift away;*

*Easy, rest easy,*

*Love enfolds you and holds you safe.<sup>73</sup>*

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<sup>73</sup> Marilyn Power Scott, ©2009 Gesundheit Publishing, “Rest Easy,” Liner notes for *Walking Each Other Home*. <https://thresholdchoir.org/product/liner-notes-walking-each-other-home>.

As I felt the voices of the people I was getting to know and sing with surround me, I felt myself begin to blush and smile. What beautiful voices, and what a beautiful moment! Then, as quickly as I began to smile, I came to the verge of tears. The singers' voices were imbued with care, all their attention focused on me. I felt exposed and unworthy; I didn't deserve this pure gift. The moment was much more intimate than I had expected and made me wonder what it is like to be a recipient of this form of care. I wondered how much of the experience is comforting and how much of it is just raw connection. When the song came to a close, and the spell broken, I got up off the floor and returned to my spot on the couch. "What did you think?" Ann asked. "Well, it was very intense," I laughed. "But I felt very held."

The experience of playing the role of a traveler at rehearsal left me feeling conflicted. On the one hand, I felt vulnerable and exposed as the focal (and vocal) point of the group's intensely focused attention. Feelings of unworthiness and undeserving-ness also bubbled to the surface. At the same time, I also felt comforted and taken care of. Although my experience as the recipient of bedside singing presumably differed significantly from that of a traveler (starting with the fact that I was not actively dying), I knew in that moment that travelers were experiencing something special, something that defied categorization. This type of singing was not a concert, or a performance, or even a serenade. The closest comparison I could make was to eight very caring people singing me a lullaby.

I am not the first person to make the comparison between a lullaby and a goodbye. Folklorist Bess Lomax Hawes noted that as mothers process a gradual separation from their children, "one of [a lullaby's] most profoundly supportive functions is to make the inevitable and inexorable payment of our social dues just a little less personally painful."<sup>74</sup> It seems to me that

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<sup>74</sup> Bess Lomax Hawes, "Folksongs and Function: Some Thoughts on the American Lullaby," *Journal of American Folklore* 87, no. 344 (1974): 148.



Threshold singing serves a similar purpose, just at a different juncture in the life cycle. Bedside singing, whether at the threshold of birth and life or life and death, is a communicative act of care.

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Over the course of attending rehearsals, singing at bedsides, and conducting interviews, I often heard Threshold singers repeat the refrain—to me, to travelers, to caregivers, and to each other—*This is not a performance*. Joanne told me that she understood this from the very beginning, even when she had just started Threshold singing—Christmas-carol style—walking through the halls of a care facility and knocking on doors to see who wanted a song. She reflected:

*When we were [singing] in that setting, maybe two or three of us would go together and we would sort of—not like wandering minstrels, we weren't singing through the halls—but we would wander. We would go from room to room, knock and let people know, remind them who we were, and offer to sing three or four songs. We tend to sing very, very short songs, simple melodies, and repeat them many times so that they can just sort of... so the music can hold a person. [...] From the very beginning, I understood—did and still understand—this is not a performance.<sup>75</sup>*

Yet, at its core, Threshold singing exhibits many qualities of performance in the colloquial sense: it is a musical rendition by one or more individuals at the behest of or in service to another person or persons. However, singers prefer to categorize bedside singing as a gift, visit, or interaction. This reframing benefits the singers and the travelers alike: for singers, stating or showing that a bedside singing is “not a performance” relieves themselves from expectations of aesthetic excellence and from self-consciousness that may detract their attention from the traveler. For the traveler, knowing that the singing is not a performance relieves him or her from the responsibility or expectation of offering payment in the form of money, attention, or

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<sup>75</sup> Joanne Dahill, Interview, September 24, 2020.

gratitude. Often, singers and travelers openly voice and negotiate these expectations. Joy recalled:

*I've only had a couple people say, "No, I don't want you to sing here today, I don't want that." And we say, "We'll be back another time, it's ok!" We don't push ourselves on people.*

*A lot of people will say, "I don't have any money."*

*And no! No, no, no, no. We are not here to get money.*

*You know, this is free. We do this—that is kind of surprising to me, that so many people expect, think that we're coming to sing and want money. We get that a lot.<sup>76</sup>*

As Joy describes, when Threshold singers come to visit, recipients often struggle to understand through what model of musical interaction they should understand a singing visit. To someone unfamiliar with the Threshold singers, they might resemble carolers or buskers—two traditions both of which rely on an expectation of payment or exchange—and sometimes also carry associations of being annoying or imposing. Understandably, people become confused when the Threshold singers negate this social convention; they do not know what to make of a musical performance offered without an expectation of recompense.

The practice of Threshold singing also exhibits many qualities of—and poses some provocative questions about—performance in its formal anthropological sense. The use of the term “performance” to describe a dual sense of artistic action and artistic event originated in the fields of linguistics, anthropology, and literary criticism. In *Verbal Art as Performance*, folklorist and performance theorist Richard Bauman reflected on how conventional performance theory had equally—and revolutionarily—been applied to the field of folklore, reorienting the field from folklore-as-materials to folklore-as-communication.<sup>77</sup> The value of considering the (non-)

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<sup>76</sup> Williamson Interview, Interview, March 28, 2020.

<sup>77</sup> Richard Bauman, *Verbal Art as Performance* (Long Grove: Waveland Press, 1977), 4.

performative aspects of Threshold singing has little to do with categorizing Threshold singing as “a performance” or not. Rather, analyzing Threshold singing through the lens of performance theory encourages an examination of the fullness of the act in its social, physical, relational, emotional, and spiritual context.

While Threshold singers agree that bedside singing is not a performance, each singer has their own idea of what bedside singing *is*. The practice of providing music for people who are dying can take on many different frames. Often, hospice or continuing care facilities will refer to such activities as “music therapy,” a term which has clinical undertones and suggests a promise of healing or recovery. In 1973, Therese Schroeder-Sheker pioneered the term and practice of music-thanatology, “a palliative medical modality employing prescriptive music to tend the complex physical and spiritual needs of the dying.”<sup>78</sup> Schroeder-Sheker calls her use of harp and voice at bedsides “sound anointings”: while not physically curative, she believes music contains spiritually healing properties.

I believe Threshold singers would agree with Schroeder-Sheker’s assessments that (1) providing music and company for the dying is not a service but a vocation, and (2) “musical deathbed vigil is a contemplative practice with clinical applications [that]...requires the integration of the physical, emotional, mental, and spiritual aspects of the life of the caregiver.”<sup>79</sup> The main difference between Threshold singing and music-thanatology is that the latter is goal-oriented; Schroeder-Sheker sees music as a “medicine” that can spiritually “heal” patients prior to physical death. In contrast, most Threshold singers hold a palliative approach to spiritual care; they do not seek (or believe they have the power) to heal a traveler’s body or spirit, but they hope

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<sup>78</sup> Therese Schroeder-Sheker, “Music for the Dying: A Personal Account of the New Field of Music-Thanatology—History, Theories, and Clinical Narratives,” *Journal of Holistic Nursing* 12, no. 1 (1994): 83.

<sup>79</sup> Schroeder-Sheker, “Music for the Dying,” 89.

their singing will provide a means of comfort and connection. Rather than characterizing their musical bedside visits as “therapy,” “performances,” or “anointings,” which implies a clear division between provider and recipient, Threshold singers gravitate towards terms that emphasize the reciprocal nature of the interaction. Norm characterized bedside singing as follows:

*It’s an interaction. And I say that even though, quite often, the person that you’re singing to is near the end of their life. They’re not communicating in what you would regard as an ordinary way. But there really is a sense or feeling of interaction. [...] And that’s a very strong part of it. So, to use your term, communication, which I think of as being a two-way street, is very much how it is.<sup>80</sup>*

For Norm, who is a trained musician, beautiful music is the basis for an interaction that has more to do with presence and communication than with performance or musical excellence.

Randy, also an accomplished musician, said he thinks of bedside singing as a visit from a friend:

*It mustn’t feel like a performance that has only one person in the audience. If it’s going that direction, then I think it’s going in the wrong direction. It’s got to feel more like a visit. [...] But as I say, it’s always best if it’s first and foremost a friend visiting a new friend.<sup>81</sup>*

In our interview, Randy expanded that the more singers involved, the more intention it may take to maintain the frame of an informal, friendly visit. When we think about the meta-communicative cultural markers that tell us that we are receiving a visit from friends rather than a personal serenade, it makes sense: with more participants, it is harder to break down the division between “singers” and “others,” especially if the “singers” outnumber the “others.” Additionally, singing in a pair or group requires more preparation and synchronization. It is harder for singers to share creative authority with the traveler and/or family members if they are

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<sup>80</sup> Norm Loewenthal, Interview, June 22, 2020.

<sup>81</sup> Tobias Interview, Interview, July 22, 2020.

limited by a pre-planned repertoire. Yet, maintaining the sense of a “visit” remains possible as long as the singers are able to communicate that the traveler and/or their loved ones, not the music, is the focus of the moment.

Singers also commonly characterized Threshold singing as a “ministry,” “vocation,” or “act of service.” During our interview, Larry mentioned that he felt that Threshold singing has a service element that is “heart-connected.” Following his lead, I asked, “How do you view Threshold singing as an act of service?” There was a short pause.

“Ah.” Another pause as he sized me up over Zoom. “Are you picking up on something I just said, or are you going down a list, here?” Larry asked.

“Nope, just picking up on what you said!” I squeaked—caught in the act of I wasn’t quite sure what—hoping the true answer was the correct one.

Larry laughed. “That’s fine! Um, an act of service...

“Well, bedside: somebody is dying. And what do they need? They need some kind of human connection. And they need soothing. They need...heart-warmth. And if we can provide that, that’s a service.”

Larry’s cat, curled in his lap, purred in agreement.<sup>82</sup>

For Larry, Threshold singing as an act of service is about paying attention to the traveler, figuring out what his or her needs are, and placing those needs above one’s own needs or desires, including a desire for recognition or appreciation. For Debbie, this element of singers’ detachment from how the music is received is key, and is part of the reason why she views Threshold singing as a “gift” or “offering”:

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<sup>82</sup> Larry Nessly, Interview, May 18, 2020.

*[We] explain to people, “This is not a performance, this is an offering.” Maybe they want to sing along, but maybe just receive the music and let it wash over you and just feel how it can hold you and support you.*<sup>83</sup>

Whether they call it an interaction, a visit from a friend, an act of service, an offering, or a combination of all of the above, Threshold singers reiterate that bedside singing, despite its trappings, is not a performance. The singers’ commitment to service, connection, and comfort will always put the traveler first.

With the understanding that bedside singing is not a performance, and the needs of the traveler come first, it might *seem* that the singers’ relationship to musical excellence would be simple: as long as there is a sense of intention and interpersonal connection, the quality of the singing is not paramount. While many singers subscribe to this view to some degree, it is precisely because the traveler comes first that singers’ relationship to beauty is much more complicated. As Ann confided in me with equal parts humor and seriousness, “I do not sing harmony at bedside. Because *bad harmony*? It might even kill them! [laughs.] You know? Bad harmony is really, *really* bad.”<sup>84</sup> Singing in harmony is an advanced musical skill that is not required for bedside singing. Yet, the singers can identify *non-negotiable* skills that prospective members must possess to be a “good fit” for the group, such as flexibility, a calming bedside presence, and a willingness to spend time with the dying. Randy observed:

*I mean, I don’t suppose—I know that everybody can’t go into a hospice bedroom and even try to connect with people. And I don’t judge—it’s not an easy thing to do. In any vulnerable situation. You know, I’ve sung in hospices and in nursing homes and in the mental hospitals for many, many years. And in every one of those places, they know that I am coming to visit them because they are not able to come visit me and they are not able to get out. And not everybody is comfortable visiting somebody under those situations. About twenty years ago now, my dad came with me—he’s a physician. And he came with me to visit the mental hospital once. And he was stupendous. He was. He connected with the patients right away and he was a good singer, too, by the way. So, that was a*

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<sup>83</sup> Debbie, Interview, April 11, 2020.

<sup>84</sup> Ann Ringland, Interview, December 8, 2020.

*wonderful experience. He knows how to give to somebody who's in a vulnerable situation, because that's what a doctor does.*<sup>85</sup>

I believe Randy's fellow singers would agree that personal qualities and skills related to compassion and presence are indispensable in a Threshold singer. Regarding musical ability, however, many singers are less concerned about evidence of expertise. Susan reflected that the ability to carry a tune is among the few baseline musical skills that Threshold singing requires:

*I feel like singing with Threshold has just enriched my life so much. Singing and being sung to and being part of this amazing community is really—I recommend it for anyone who can carry a tune. That's the minimum requirement. That's another thing that I really like about Threshold, is that it is so egalitarian. You don't audition. When I'm meeting with people, I do sing with them a little bit. I mean, you do need to be able to carry a tune. And everybody gets better as they sing.*<sup>86</sup>

One reason that singers may distance themselves from the idea of performance is to re-emphasize the value of interpersonal connection over that of aesthetic excellence. Randy, who is the group's music director, summarized his philosophy:

*It doesn't take the best voice in the world to communicate that you're a caring presence. [...] If you can carry a tune at all, and you know the tune to a song, then I think that you've got all the equipment you need to be a caring presence to somebody in a Threshold situation. I don't think there's any more musicality that's necessary.*<sup>87</sup>

Generally speaking, Threshold singers expressed that they would consider an imperfect musical performance where they felt to have connected with or eased the passage of the traveler to be superior to a flawless musical performance where singers devoted more attention to their own performance than to providing comfort, companionship, and connection to the traveler. At the same time, these opinions are not without nuance. As we continued speaking, Randy expanded on some of the finer points of his philosophy:

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<sup>85</sup> Tobias, Interview.

<sup>86</sup> Susan Siegel, Interview, July 6, 2020.

<sup>87</sup> Tobias, Interview.

*Technically, you've got to be able to carry a tune in a bucket.*

*I think. Well, it depends, actually.*

*If you're going to sing with other people, you've got to be able to sing with other people, to some degree. You've got to be singing the same song that they are. But that's—I've got a pretty [...] low bar that you have to pass to be able to sing at that level. That's the only thing that's really necessary. That's the technical thing that's necessary. And then after that, it's being able to...having the capacity to offer that singing to another person.*

*Some people sing very well, and they're too shy or too self-conscious to be able to offer that to somebody else. There are actually a lot of people who are that way. It's another kind of objective in my singing with people, I guess—in general, not just in Threshold situations—is to just try to bring them out and get them to share what they've got. [...] You've got to, to some degree, not be conscious of yourself providing this music. To some degree. Not be over-powered by that consciousness. So those two things: carry a tune in a bucket and be apt for giving away that to somebody are the musical accomplishments. And then the personal ones.<sup>88</sup>*

For Randy, the music-related skills necessary for bedside singing are really threefold: the ability to carry a tune, to sing with others, and to sing un-self-consciously in a way that allows the singer to be able to give their music away. When I interviewed Norm about his opinion on the relative importance of musicality and presence, he echoed Randy's views and also recognized a bit of a tension:

*I don't think this activity calls for great skill or experience as a musician. And I think more important than anything is the spirit and the expressiveness, or I think a better word is the presence with which one sings. I think there are people who are involved in Threshold who are by their own admission not great vocalists, but they really bring something to the bedside that is quite wonderful through their singing and presence.*

*That said, I do think that the singing needs to be reasonably good. I think the experience for everybody—certainly for the person at the threshold, for family members and caregivers present—it is a better experience if the singing is, you know, pretty decent. Or, stated differently, if the singing is really plain not good, not pleasant to listen to, it doesn't work as well. [...]*

*I guess if you had three pretty bad singers, you're not necessarily going to get a very good result, but that doesn't really happen. I just think—and I don't want to overemphasize this—but I think it's something that we need to be somewhat attentive to. And I know for myself, I mean, I'm always trying to improve as a singer. I continue to*

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<sup>88</sup> Tobias, Interview.



*have vocal coaching. I have not kept up with it during this time, unfortunately. In normal times, I am with my vocal coach every week, and have been for years. I'm very conscious of trying to sing not only in as comforting a way as I can for the people I visit, but also as well [as I can]—and I know when I have done well vocally, and when I have not. It feels better when I can feel the singing was pretty good.*<sup>89</sup>

For Norm, the key is balance: enough self-consciousness that he is confident that his music-making is pleasing, but not so much focus on himself that he cannot be attentive to the traveler. (And Randy commented, later: “This is one of those things where I get my mouth running and I wonder whether people think having it be a performance is quite as detrimental as I seem to indicate.”<sup>90</sup>) In her fieldwork with religious groups, folklorist Diane Goldstein observed that “the assessed beauty and value of a performance is not necessarily directly proportionate to the use of... [isolated] performance devices.”<sup>91</sup> Similarly, Randy and Norm’s accounts reflect that, while the quality of singing is not inconsequential, Threshold singers typically judge the value of a bedside singing first and foremost on value-based and arguably *spiritual* norms. As Norm summarized, “You could have the greatest operatic singer in the world singing operatically at bedside and regarding it strictly as performance, and it would not be a very good experience. I think it would be very negative for everyone concerned.”<sup>92</sup>

Both Randy and Norm answered my questions about musicality somewhat cautiously and with special care. Norm prefaced his answer with, “I’m going to try to answer this question carefully,” while Randy admitted, “We’re getting close to things that I don’t want to talk about.” While I did not intend to present a false dichotomy or put anyone on the spot, I had also noticed

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<sup>89</sup> Loewenthal, Interview.

<sup>90</sup> Tobias, Interview.

<sup>91</sup> Diane Goldstein, “The Secularization of Religious Ethnography and Narrative Competence in a Discourse of Faith,” *Western Folklore* 54, no. 1 (1995): 30.

<sup>92</sup> Loewenthal, Interview.

tension around this point in multiple contexts and was curious to understand why. First, giving and receiving feedback among peers can already be tricky to navigate. Group leaders would not want singers to misunderstand the point of rehearsal—putting in the preparation to ensure that travelers will have a positive bedside singing experience—to be to, in the words of one singer, “correct unnamed individuals who are defective in the melodic [competency].” I also imagine that a perceived critique of individuals’ or the group’s musicality could be misconstrued as an attack on the egalitarian ideal that Susan mentioned, and that the group holds so highly.

Therefore, it makes sense that speaking on the topic might feel high-stakes. At the very least, it is clear, given the distance Threshold singers put between themselves and performance in order to emphasize the interpersonal and spiritual aspects of a visit over musical excellence, that this tension does not derive from personal pride. Instead, it all comes back to the needs of the traveler. Debbie explained:

*We definitely need to work on tuning. I feel a responsibility more than some. They’re like, “Well, it’s not about the quality of your voice, totally.” But I have been very injured and where I could hardly talk or move. People sang really off-key and it gave me such headache and nausea and inside I couldn’t stop trying to correct their pitch. And I couldn’t tell them.*

*Like, when we’re going in, people can’t walk away or they can’t say “Don’t sing.” I feel like we need to sound decent, at least not unpleasant. Now Randy has taken on a position as a music director and that will help. But we’ve had trouble where some of the people leading a song were way off and didn’t realize they were. There’s been tension around that. But we’re growing and learning and changing, and it’s great.<sup>93</sup>*

Un-framing bedside visits as performances by privileging interpersonal connection over musical excellence benefits singers by allowing them to focus on their job—offering comfort and connection—rather than themselves. It also gives singers permission to be un-self-conscious and encourages them to train their focus on the traveler instead of on their own performance.

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<sup>93</sup> Debbie, Interview.

Considering a bedside singing as a visit or offering rather than a performance also grants the traveler permission to *not* give focus or attention to the singers.

As Joy's earlier observation about travelers misunderstanding that they would have to pay Threshold singers illustrates, singers worry that characterizing their visits as a "performance" implies an expectation of compensation, either in money or in attention and/or appreciation. Bauman emphasizes this point, positing that "performance as a mode of spoken verbal communication consists in the assumption of responsibility to an audience for a display of communicative competency."<sup>94</sup> Threshold singers do not want to impose any responsibilities, expectations, or extra "work"—and for a dying individual, focusing attention is indeed work—on the people for whom they sing. Concern for creating extra work for the traveler is another reason that the Threshold singers take special consideration before singing a harmonized or familiar song. As Randy explained:

*In our singing, we don't practice harmony very much. In my experience with Threshold, we haven't used it very much, either. One reason that people have told me, and I believe it, is that that's again, one of those things about you have to work to hear harmony and to mentally interpret it as music. And that might be tougher than people can handle. One of the people in our group had actually had a brain injury and would say that she just couldn't cope with harmony very much, that she wanted the very simple kinds of sounds. Not everybody is in that situation, but that's just an idea. Harmony is beautiful when you can do it, but you don't always want it. So, oftentimes, we sing in unison anyways, when we're singing with more than one person.*<sup>95</sup>

In my conversations with singers, they reflected that a performative mindset could actually be helpful in some situations. For instance, it can be helpful to think of bedside singing as a performance inasmuch as it encourages singers to prepare: to be attentive to learning and practicing their repertoire and to producing a soothing sound. In terms of wanting to connect

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<sup>94</sup> Bauman, *Verbal Art*, 11.

<sup>95</sup> Tobias, Interview.

with someone, however, singers feel that a performance mindset puts up a wall between themselves and the traveler and makes them self-conscious about *being their best selves* versus *making the best connection* that they can make.

Not all scholars agree with Bauman that a performance requires responsibility and work on the part of the audience. In folklorist and performance scholar Deborah Kapchan's view, for example, performance assumes community and communication, but an audience is simply implicated, not necessarily responsible. More so, the presence of an audience—whether active or passive, large or small, real or imagined—achieves the essential action of rendering the event “public.” For Kapchan, the other distinguishing features of performance are that it is participative, set apart from *practice*, and socially or emotionally transformative.<sup>96</sup> With the exception of being explicitly public and set apart from practice, Threshold singing easily fits into Kapchan's view of performance as emotionally transformative and “always an exchange—of words, energy, emotion, and material.”<sup>97</sup>

The performative qualities of a communicative act do not necessarily define it. “Performance” and its features do not set up an interpretive frame on their own; the individuals involved also have the creative power to “frame,” or intentionally color how others perceive, the genre of communication through the use of cultural norms. If “all framing...including performance, is accomplished through the employment of culturally conventionalized metacommunication,”<sup>98</sup> then Threshold singers use the same tools to “un-frame” their visits.

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<sup>96</sup> Deborah Kapchan, “5. Performance,” In *Eight Words for the Study of Expressive Culture*, ed. Burt Feintuch (Urbana: University of Illinois Press, 2003): 130.

<sup>97</sup> Kapchan, “Performance,” 133.

<sup>98</sup> Bauman, *Verbal Art*, 16.

Regardless—or perhaps because—of the ways Threshold singing closely resembles a musical performance, singers intentionally encourage behavior that blurs the line between performance and interaction. Sometimes, singers will accomplish this un-framing verbally and explicitly. Joanne noted that if she observes that a traveler is interacting with her gift of music as a performance, she will gently release the traveler from the expectations that come along with a performance:

*Often, you know, sometimes when we're there and people try to observe us, [they] look at us as if we're performing and that actually takes a lot of energy. So, I usually encourage people to just, you know, "Just rest back, you can close your eyes." And I sometimes say something like, "Just let the music wash over you," or "Let the music just fill the space here and you can sort of float in the music."*<sup>99</sup>

In phrases such as “this is not a performance,” “this song is not meant to be recognized,” and “just let the music wash over you,” Threshold singers offer disclaimers and denials of performance. In his work on negotiating narrative performance with Nova Scotia fishermen, Bauman posited that, in offering a performance disclaimer, the performer excuses him or herself from taking full responsibility for his or her performance, knowing that it will in some way not meet conventional expectations. In this sense, the disclaimer protects the performer from a harsh judgment by the audience.<sup>100</sup> Threshold singers do not give such disclaimers in order to excuse or protect themselves from negative judgments (i.e., “If you don’t recognize the song, it’s not because I’m singing it badly”), but to release the traveler from an obligation or responsibility to evaluate at all. That said, I could imagine a scenario in which a singer would offer a disclaimer to a fellow singer (or herself) that she had had a rough day and was finding it difficult to be fully present, if she was worried that her bedside manner might be affected. Much like in folklorist

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<sup>99</sup> Dahill, Interview.

<sup>100</sup> Richard Bauman, “‘That I Can’t Tell You’: Negotiating Performance with Nova Scotia Fishermen,” In *A World of Others’ Words: Cross-Cultural Perspectives on Intertextuality* (MA: Blackwell Publishing, 2004), 126.

Bess Lomax Hawes' study of lullabies, the singer(s) are just as much (or more) the intended audience and evaluators of the performance (of musicianship and of caregiving) as the *sung-to*.<sup>101</sup>

Citing linguist Michael Foster's 1974 study of Iroquois oratory, Bauman suggests a second function of performance disclaimers, namely that "a disclaimer of performance may itself be key to full performance."<sup>102</sup> Other folklorists have also observed how performance disclaimers and denials can serve to mark a performance, especially in communities and contexts that value modesty and humility. In their work with singer Bessie Eldreth and African American gospel groups, respectively, folklorists Patricia Sawin and Glenn Hinson noted that verbal caveats such as "I know I'm not a singer, but I'm trying to make a joyful noise for the Lord,"<sup>103</sup> "We are not here to perform," and "We didn't come for no form or fashion"<sup>104</sup> served three primary functions.

First, disclaimers gave these singers permission to exhibit and "receive credit for their artistic abilities without being accused of inappropriately drawing attention to themselves."<sup>105</sup> Second, such disclaimers asked the audience to see the singers' sincerity rather than their artistic excellence. Third, disclaimers and denials reframed the performance as service. "By invoking and then denying the frame of self-conscious, theatrical performance," Hinson writes, "[African

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<sup>101</sup> Bess Lomax Hawes, "Folksongs and Function: Some Thoughts on the American Lullaby," *Journal of American Folklore* 87, no. 344 (1974): 147.

<sup>102</sup> Bauman, "That I Can't Tell You," 124.

<sup>103</sup> Patricia Sawin, "'My Singing is My Life': Repertoire and Performance," In *Listening for a Life: A Dialogic Ethnography of Bessie Eldreth Through Her Songs and Stories*, (Logan, UT: Utah State University Press, 2004), 198.

<sup>104</sup> Glenn Hinson and Roland L. Freeman, *Fire in my bones: transcendence and the Holy Spirit in African American gospel*, (Philadelphia: University of Pennsylvania Press, 2000).

<sup>105</sup> Sawin, "My Singing is My Life," 199.

American gospel] singers are asking the audience not to judge them on the basis of artistry alone... They want congregation members to know that the artistry displayed is artistry *in service of*.”<sup>106</sup>

When Threshold singers say, “This is not a performance,” they are enacting some of the same negotiations. With regards to modesty, Threshold singers would agree that it is not appropriate to show off at bedside. They ask families, travelers, and each other to see their sincerity instead of their musical ability. Threshold singers also offer their artistry in service of facilitating a communal and engaged spiritual experience.

Hinson’s summation of the meaning of performance disclaimers, “Judge us by our faith rather than by our artistry,”<sup>107</sup> applies to both Bessie Eldreth and the African American gospel groups. By contrast, Threshold singers seem to be saying, “We are not here to seek your judgment.” When Threshold singers state, “This is not a performance,” they are negating the premise that the audience is responsible to the performer for offering an evaluation at all. Threshold singers thus relieve their audience from this responsibility and, in doing so, take the full responsibility for both performance and evaluation (of both their musical performance and their bedside manner) upon themselves.

Other times, singers un-frame bedside singing as a performance non-verbally and implicitly, through culturally conventionalized metacommunication. For instance, while a performance often sees a physical division between the performers and the audience, Threshold singers tend to gather around a traveler’s bed or intersperse themselves with others who are present at the bedside. Similarly, Threshold singing dissolves conventional expectations of

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<sup>106</sup> Hinson and Freeman, *Fire in my bones*, 238.

<sup>107</sup> Ibid, 232.

performance around who is in charge of making the creative decisions; when the singers invite the traveler and family members to sing along or make song suggestions, their contributions hold just as high or a higher value than those of the singers.

Perhaps the defining point, then, is not whether or not a bedside singing *is* a performance, but whether or not it *feels* like one. Patricia Sawin's feminist critique of Bauman's performance theory found his approach lacking in exploration of the psychological and emotional dimensions of the performance event.<sup>108</sup> Bauman defines what performance is and how it operates but does not address how a performance feels for the performer(s) or the audience. For the Triangle Threshold Singers, how a visit feels really is of the utmost importance. By telling travelers that a bedside singing is not a performance, singers release travelers not only from the social *responsibility* to pay attention, but the *urge* to do so.

In her article "Aesthetic is the Opposite of Anaesthetic: On Tradition and Attention," folklorist Dorothy Noyes agrees with Sawin that performance is "about feeling," but reorients her exploration of performance around the aesthetic and its relationship to attention.<sup>109</sup> Folklorists since Bauman have defined the aesthetic not as a particular standard of beauty, but as the practice of soliciting and manipulating attention. In this sense, a performance does not have to be "beautiful" in order for it to be "good." Rather, a performance is a display of communicative competence between the performer and the audience. The performer has a responsibility (and is accountable) to the audience to carry out the performance according to community norms. In return, the audience is responsible for evaluating the performer's display

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<sup>108</sup> Patricia Sawin, "Performance at the Nexus of Gender, Power, and Desire: Reconsidering Bauman's Verbal Art from the Perspective of Gendered Subjectivity as Performance," *Journal of American Folklore* 115, no. 455 (2002): 30.

<sup>109</sup> Dorothy Noyes, "Aesthetic is the Opposite of Anaesthetic: On Tradition and Attention," *Journal of Folklore Research* 51, no. 2 (2014): 126.



of competence based on his or her relative skill and effectiveness.<sup>110</sup> According to Bauman, the special intensity of attention that we associate with an audience during a performance stems from the audience's awareness and acceptance of its responsibility to offer an evaluation of the performance.<sup>111</sup>

In "Aesthetic is the Opposite of Anaesthetic," Noyes notes that Western modernity—including Bauman's treatment of performance theory—operates on the assumption that "fixed, focused attention [is] both the default and desirable state of human consciousness."<sup>112</sup> She then challenges this assumption by demonstrating that attention is more complex than something that we simply give and take. Drawing on cognitive psychological research, Noyes explains that when we give attention (in this case, to a piece of creativity), our attention will vary along two dimensions: consciousness and flexibility. The consciousness of our attention can range from a situation where we actively seek out a piece of creativity to direct our attention toward, to one in which we inadvertently *encounter* a piece of creativity to which we give our attention—unintentionally, reticently, or even unconsciously. The flexibility of our attention can range from giving something or someone our full and undivided attention to offering partial or intermittent attention.

With these nuances in mind, Noyes offers a re-conceptualization of Western folklore genres that organizes them into four "ideal types" based on whether they provoke attention that is, along one scale, focused or flexible, and on the other, conscious or unconscious.<sup>113</sup> The four ideal types that Noyes identified are: *art* (focused conscious attention); *occasion* (flexible

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<sup>110</sup> Bauman, *Verbal Art*, 11.

<sup>111</sup> *Ibid*, 11.

<sup>112</sup> Noyes, "Aesthetic," 135.

<sup>113</sup> *Ibid*, 125

conscious attention); *surround* (focused unconscious attention); and *news* (flexible unconscious attention).

When you want to give conscious attention to a piece of creativity, you request or seek it out. For instance, you may actively choose to attend an old-time music concert (*art*) or to attend the Macy's Thanksgiving Day Parade (*occasion*). The difference between these two situations lies in how focused or flexible your attention is. At the concert, you will likely be expected to train all of your attention on the music and the performers (focused conscious attention). In contrast, at the parade, your attention may flit between the balloons, the floats, the music, and conversations with your friends (flexible conscious attention).

Some instances of vernacular creativity we do not seek out, but inadvertently *encounter* in our environment or daily interactions. Indeed, we may be so habituated to them that we take them for granted and no longer consciously notice them, such as a mural on the side of a building you pass every day on your way to work (*surround*).<sup>114</sup> Then again, you may pay fresh attention to the mural—its human figures freshly annotated with graffiti mustaches—on your way home (*news*). The distinction between these two scenarios lies in their relationship to the relative focus or flexibility (diffuseness) of your attention. Both instances of creativity are unsought; you do not make a field trip out of going to see the mural or the graffiti. However, whereas the mural is wanted or taken for granted and blends into the background (focused unconscious attention), the new graffiti is disruptive and imposed (flexible unconscious attention).<sup>115</sup>

Our experience of vernacular creativity is more complex than demonstrating communicative competency (in the case of the performer) or offering an evaluation of skill (in

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<sup>114</sup> Ibid, 147.

<sup>115</sup> Ibid, 145.

the case of the audience). We can identify the different “types” of folklore not only by how skillfully or effectively they display an understanding of community norms and expectations, but also by how they make us *feel*: the anticipation of a concert, the hubbub of a parade, the comfort of a recognizable mural, the transgressive-ness of graffiti.

As Noyes’ expects, Threshold singing “challenges [her four ideal types of folklore] with the mess of reality,”<sup>116</sup> seeming to fall into several categories at once. This is partly because each party at bedside—the singers, the traveler, others present—has a unique experience of how their attention is being solicited or manipulated. In many ways, the Threshold singers experience bedside singing as *art* or *occasion*: they seek out opportunities to sing. While singing for a traveler, the situation may provide an opportunity for the singers to focus their attention solely on how the music is serving the traveler (focused conscious attention, *art*), or it may require singers to be aware of a variety of stimuli in their environment, from observing the traveler, to staying in tune with the other singers, to providing support for family members (flexible conscious attention, *occasion*).

When asked to explain the ways in which bedside singing differs from a performance, Ann explained that, for her, it comes down to whether her focus is on herself or on the person to whom she is giving the gift of music:

*It goes back to what I said about coming into the room empty. I know some tunes. I know some ways to put together notes in a way that I think will be helpful—I hope is helpful—for you. And it is a visit.*

*If I come in and say, “Well, here! We’re here to sing for you!” You know, that’s a performance. If I’m flat, if I’m croaky, and got all involved in that: like, “How do I sound? Is it good enough?” then that would be a performance. Yeah.*

*If it’s about me, then it’s a performance. If it’s about the traveler, it’s a visit.*

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<sup>116</sup> Ibid, 138.

*“Visit” is a good word, yeah. I just want to be in the space where you are to bring something to you. That’s, yeah!*

*Thank you for asking that! Because it’s been a long time since I asked that out loud. I must have it in my feeling repertoire, but to say it out loud is good to remind myself.*

*And you know, and it oftentimes, at least in the—I’m not going to give you a percentage. But so many of the times they’re either asleep—especially in the retirement homes, because of the time we go there. There’s never a time that they’re not asleep or resting, and then I can see them, you know, starting to wake up and get up. And I’m like, “We’re just here. You can close your eyes. You can do whatever you want.” But I remember this one lady. We would go in, and she would just be like, “[gasp] You’re HERE!!! We can just SING these songs!!” Again, it’s just responding to their situation.*

*[Stefani: So, it sounds like the difference between a performance and the sort of visit in bedside singing is—when the focus is on yourself and how well you were singing or how well you’re doing, it’s a performance. And then when the focus is really on the other person, it’s a visit.]*

*Mhmm. Yeah. Well, that’s Ann’s definition! [laughs.]<sup>117</sup>*

Ann’s definition is in line with the descriptions I heard from many singers: when one is singing at bedside, as much of one’s attention and care as possible should be trained on the traveler and/or the family. As such, singers take measures that allow them to have to pay as little attention to themselves as possible while at a bedside visit. The better the singers know the repertoire, for example, the less attention they must devote to singing the correct melody or words. They can give that attention and focus to the traveler, instead. Larry recalled gradually coming to understand why the group places so much emphasis on memorizing lyrics:

*At some point during one of the meetings, there was this huge emphasis on knowing the words. Up until then, it was okay if you looked at your book. So, suddenly—and I was singing a duet with somebody else for the person who was pretending to be the traveler, and it was clear that I didn’t quite know all the words—and there was a little under-voice criticism about that.*

*So, that had me a bit off-balance for a while. But then it came around that, no, you’re not required to have memorized it, but you have to be able to know it well enough that, if*

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<sup>117</sup> Ringland, Interview.

*you're going to look at the words, you're mostly looking at the traveler or the person leading, not the songbook. So, I've gotten more comfortable with that.*<sup>118</sup>

Creating a beautiful sound and singing the right words are only two of many distractions and decisions that may pull singers' attention and focus away from the traveler. This is especially true when there are two or more singers present. As Randy explained, when two or more people are singing together, they also have to think about:

*"What am I supposed to be doing on the next verse? Who is supposed to be doing harmony? When do we drop out?" Stuff like that isn't just looking at somebody and lovingly singing to them, and that's what I feel like is the most important thing. Or at least I should say, of what I do.*<sup>119</sup>

At the same time, Randy noted that singing with multiple people can also allow the singers to focus more on the traveler because they can rely on the other singers to help carry the music. Singing as a pair or group can allow the singers to re-distribute the labor of caring attention and focus among themselves to avoid exhaustion and fatigue.

Threshold singing requires intense, conscious attention on the part of the singers. However, as discussed above, the singers have no expectation of reciprocity on the part of the traveler. For the traveler, the experience of Threshold singing seems to fall—or vacillate—somewhere between *art* and *surround*. One prerequisite to Threshold visits is that they be *wanted*, just as Noyes's categories of *art* and *surround* suggest. Threshold singers only visit if requested to do so—either by the traveler or his/her caregivers. When possible, singers always confirm the traveler's permission at the time of their visit. A bedside singing can be either sought or unsought, but it should always be wanted rather than imposed; Threshold singing seeks to

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<sup>118</sup> Nessly, Interview.

<sup>119</sup> Tobias, Interview.

create a simple, calming environment and avoids requiring flexible attention, either conscious or unconscious, from the traveler. Indeed, many times the traveler is not conscious at all.

The potential issue with performing *art*, from a Threshold perspective, is that it actively relies on the mutual responsibility between the performer and the audience to display communicative competency and offer an evaluation—a burden that they do not wish to place on the traveler. Sometimes, Threshold singers will actively discourage conscious focus on the part of the traveler or family members. Joanne illustrated the importance of giving this permission based on her own experience of having been sung to while recovering from a serious car accident:

*I was in a very serious car accident. Very fortunate, but I was in a head-on collision and had surgery and it was a pretty big deal. And I remember being at my house. I can remember, I can picture it:*

*I was sitting in this chair and these people came in to sing to me as a gift and to give me something, but I felt like I had to meet them. I had to look in their eyes—I had to be present to them. And when they left, I was exhausted. I was like, “Oh my God. So glad they’re gone.” [laughs.]*

*I mean, the music was beautiful, but it was hard to be with them while they were trying to give me that gift of music. [... If someone is nonresponsive] we can often, as I mentioned, see breathing, or they might’ve been fluttering with their eyes and moving their limbs a lot. And then those kinds of things settle. But if people do have their eyes open and they’re sort of trying to connect with us, I let them know that they don’t need to do that.*

*Certainly, sometimes the people that we’re singing with are singing with us! You know? They’re singing along with us! So, I’m not gonna tell those people, “Oh, this isn’t a performance, please close your eyes.” [laughs.] They’re up and out and they’re able to sing with us. I’m talking about people who are right on that edge, who feel like, “Oh, I have a visitor. I have to be here and connect with my visitor.” And those are the people that I would encourage to just, just rest back and just let the music—I usually say something like, “Let the music wash over you and carry you to a peaceful place.” Because I remember that it was hard for me to be with people when I was—I was in a state of recovery, but you know, it was a time of high demand on my body, and it was hard to do. You wouldn’t think that that would be hard, right? To just listen to some music, but it was challenging for me.<sup>120</sup>*

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<sup>120</sup> Dahill, Interview.

In addition to giving a traveler permission to let go of the urge to pay attention and instead “close their eyes and let the music wash over them,” or “let the music fill the space around them,” singers may also encourage family members to consider the Threshold visit as a time to take a break. If Threshold singers are focused on what they want the traveler or family members to *feel*, it is clear why performance—which engages emotions of anticipation and judgment—is not appropriate at bedside. Instead, the singers seek to transform their soft songs and soothing presence from something that is *being done* to something that *just is*. By offering travelers and family members a dispensation from conscious attention, Threshold singers reframe the event from *art* into a lulling and calming *surround* that “insures us gently to the real.”<sup>121</sup>

With the onset of the COVID-19 pandemic, the Triangle Threshold Singers had to reimagine what bedside singing would look like when visiting a traveler in their physical space was no longer possible. One effort to continue singing has taken the form of “virtual musical visits” via Zoom at a local continuing care facility. Devorah, a singer who is a chaplain and social worker at the facility, “carries” the singers around on an iPad to visit different residents. This virtual singing format departs from typical bedside singing in a variety of ways. In this format, we as singers had to reimagine how to “not perform” when, for many of the people we were singing to, we were strangers on a computer screen.

Initially, the virtual singing format posed barriers to the typical ways that Threshold singers indicate that a bedside visit is “not a performance.” First, in a virtual environment, it is harder to bridge the gap between “performer” and “audience.” Whereas in a typical bedside singing situation the singers might have physically repositioned themselves in the room or invited the traveler, family members, or staff to sing along in order to dissolve that barrier, video

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<sup>121</sup> Noyes, “Aesthetic,” 148.

conferencing does not permit spatial communication or synchronous singing. In addition, the virtual distance made it harder for singers to share creative authority with the person being sung to. Sometimes, the person we were singing to simply did not understand that we were live on the screen and not a televised recording.

Over the initial months of virtual singing, we gradually learned ways to make our presence felt through the screen, such as by engaging in conversation with our visitees. In the vast majority of our virtual visits, the person with whom we visit is not a traveler and there is ample opportunity for informal chit chat (and for them to request specific songs). Over the months we have visited many of these individuals repeatedly, allowing us to form personal relationships. On the other hand, there are other times—such as in cases where we visit individuals with considerable cognitive impairment or memory loss—when it may not be feasible or appropriate to carry on a conversation or build a personal relationship over time.

With this in mind, we experimented with other ways to make our presence felt through the screen, such as using exaggerated facial expressions and hand movements. At first, this felt performative. However, over time, miming drinking a cup of tea while singing “Do Re Mi” felt less like a performance and more like a way to connect. One man that we video-visit regularly loves singing “Take Me out to the Ball Game.” Although it may seem corny, counting on our fingers—“‘Cause it’s 1...2...3... strikes, YOU’RE OUT!”—and swinging our thumbs vigorously over our shoulders makes the connection over the screen feel that much more non-performative and real. Over time, residents have become accustomed to seeing us, have requests, and visit with us, as well. The compromise, of course, is that interaction through a screen does require conscious attention on the part of the traveler. Although we have video-visited and sung to a few travelers on the threshold over the course of the pandemic, without being physically



present, it is much harder both to communicate a soothing presence and to tell how the singing is being received.

At the time of publication, the key contribution of Bauman's effort to expand what "performance" could mean was that it demonstrated how performance theory could facilitate a shift from folklore-as-residual-culture to folklore-as-emergent culture. Like Bauman's definition of performance, Threshold singing "sets up, or represents, an interpretative frame within which the messages being communicated are to be understood" that contrasts with the literal.<sup>122</sup> Bauman writes that "the emergent quality of performance resides in the interplay between communicative resources, individual competence, and goals of the participants, within the context of particular situations."<sup>123</sup> Indeed, an opportunity for assurance and transformation for all persons involved in a bedside singing emerges from the interplay of Threshold singers' traditional and experiential knowledge, individual identities, and creative choices. However, whereas Bauman understands this transformative potential as a result of a performer's seizure of prestige and control over an audience,<sup>124</sup> Threshold singing seems to operate quite differently.

In many ways, the experience of being at the threshold—whether as a traveler, family member, or singer—is not about vying for control, but *letting go of it*. Noyes's nuanced conception of the role of attention in performance allows for *inattention*. Noyes also recognizes that many forms of traditional cultural expression do not fit neatly into her four ideal types and provides alternatives for genres that fall at boundaries and cross sections. However, her schema

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<sup>122</sup> Bauman, *Verbal Art*, 9.

<sup>123</sup> *Ibid.*, 38.

<sup>124</sup> *Ibid.*, 43-44.

does not address the event in which a cultural expression vacillates between types, or exemplifies different types depending on the individual's role in/relationship to it.

Threshold singing presents a complex (but likely not unique) case in which participants consciously or unconsciously manipulate the goals, intentions, and expectations of the situation to reject or redirect attention and focus. Through creativity, bravery, and intimate traditional knowledge about the processes of dying and grieving, singers can massage focus and attention to transform an experience that is potentially scary and uncomfortable—or perhaps a relief or intriguing mystery—into one that is manageable, assuring, full of meaning, and no less real.

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When I think back to the first time I experienced the Threshold Triangle Singers singing to me, there is certainly some discomfort. I asked Joy what her experience playing the role of the traveler had been like and was comforted to hear I was not alone in this experience. She shared:

*I have [been sung to], once. And it was right at the first beginnings, when I had just got going. And we'd tend to put a person in a chair, get them real comfortable, and we'd sing to them.*

*And I felt... the music was beautiful, but I just felt so...exposed.*

*I don't know. I think it's very emotional, this kind of music, and I think I felt like I wanted to cry, but I didn't dare! [laughs.] I don't know why! These people have never been anything but extremely kind to me!*

*But when they sang to me, I just felt very exposed, I don't know. Yeah. So, I never volunteer for that [laughs].<sup>125</sup>*

As anyone who has ever been on the receiving end of an enthusiastic chorus of “Happy Birthday” can attest, being *sung at* can be an incredibly uncomfortable experience: all eyes and all attention are on you. Joy's, other singers', and my own conflicting emotions about our experiences of playing the role of the traveler made me wonder whether a sense of discomfort

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<sup>125</sup> Williamson, Interview.

may color some traveler's experiences as well, and whether it was possible that we as singers sometimes assumed too easily that our good intentions had a desirable impact. When I brought up these concerns with fellow singers, they pointed to several places where they found confidence that their singing had the desired effect. First, the singers found reassurance in the knowledge that the traveler (or in some cases a family member or caregiver) had requested the singers' presence and music. They also discussed the importance of paying attention to the indications that a traveler may give (e.g., words of thanks, breath synchronized with the music, etc.) that he or she appreciates the music.

Second, singers noted that letting go of the notion of "performance" also cultivates an environment of comfort wherein the music becomes an almost physical supporting and surrounding presence, rather than a focus of attention. If singers are able to let go of the self-consciousness that accompanies performance, travelers may find it easier to release themselves from self-consciousness that may be the root of feelings of discomfort, as well. Finally, singers mentioned that when they are singing at bedside, the shared, intense, and focused attention on the traveler and the moment at hand can lead participants to feel suspended, connected, and transported outside of themselves in a way that obliterates self-consciousness—an experience which the following chapter will discuss in further detail.

However, I also believe there is also something more profound at play. Although I remember some discomfort from my experience as the "traveler," what stuck with me was the sense of being the concentrated aim of eight kind and generous people's full—embodied, musical, spiritual—focus, attention, and care. It was not until Joanne was telling me about her experience singing with her dad when he was dying that I finally understood the experience that I was struggling to explain. Joanne recounted:

*I had read a book called, I believe it's The Tibetan Book of the Living and Dying. [...] And I remember looking in that book and looking for some things to help my dad. And as I remember it—and this might be a faulty memory, so if you get the book and look for this passage and you never find it, I apologize that I changed it in my memory—but it was like asking the person, you know, “Can you remember a time that you felt unconditional love?” And I asked my dad that, you know, and he just remembered his mother's love. Right?*

*But the idea behind it was just help them feel that they are loved. And I didn't say, “Well, God loves you like that.” Or, you know... that was it, just help him reconnect, help a person—for me, it was my dad—help him reconnect to the fact that he is worthy, was worthy, that he—someone looked at him and just loved him. And then whatever that opens for the person, it opens for the person, it wasn't up for me—at least not me, maybe somebody more skilled or somebody with more, you know, depth of training could then also guide him a little further.*

*But for me, it was just like a reminder that he is worthy of love, that he was loved.<sup>126</sup>*

Finally, I understood: Threshold singing is the culmination of singers' training all of their attention and care on the traveler; the culmination of valuing connection over musicality; the culmination of not expecting any gratitude, recognition, or attention in return. Unlike a performance, there are no conditions. At its heart and its best, Threshold singing is unconditional love.

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<sup>126</sup> Dahill, Interview.

### CHAPTER 3: “We Sing You Out”: Ritual, Communitas, and Transformation in Threshold Singing

*As we sing songs, I believe each of our songs comes from somebody’s heart, deep within their heart, and even beyond that, to their soul. So, what happens is, we’ll get ready to sing a song, and we have an “anchor” who we follow, and generally the anchor may tell us first and we just simply hum. But we’ve discovered that if you hum, you sound like a bumble bee.*

*So, rather than sounding like a bumble bee, we’ll sound like a bird, and we’ll “ooh.” So, we’ll ooh the first verse, and then we’ll come in to sing. Sometimes the anchor will sing by him or herself, and then simply give the motion, and everyone will sing. So, the two or three who are there at the bedside will join in at that time.*

*If the traveler is not quite ready to go yet, then we’ll do some harmony. And we just, within the past six months, are in the position where we can now actually offer 3-part harmony. Nine years—and now we can offer 3-part harmony! And then we’ll go back and finish that song in unison again.*

*And it’s—it doesn’t matter how the song is sung, as long as it’s sung softly...and it’s heartfelt. Generally, what will happen is, as that occurs, even if a person is off-key, or not quite blending with the anchor, it all comes together the softer that you sing. And the experience for that traveler, where sound is the last sense to leave one’s body, is that the softer, the better it is. So, the further along in one’s travel towards death,*

*The softer the voices,  
The slower the voices,  
The calmer the voices.*

*And what I’ve discovered every single time is, if we do that,*

*The more loving the voices.*

*And that, to me, is probably what has meant the very most to me about Threshold singing, is to*

*Come together,  
With another,  
Be at the bedside of that Traveler,*

*Hold the sacred space and offer the gift of love.<sup>127</sup>*

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<sup>127</sup> Suz Robinson, Interview, March 27, 2020.

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In the previous chapter, we closed with Joanne’s description of a moment where she sought to convey a message of love to a traveler, her father. More precisely, she guided him to reconnect with and re-feel previous experiences of unconditional love. Over the course of singing with, observing, and interviewing Threshold singers, I recognized different forms of this same practice among many singers. One example that comes to mind is Randy’s earlier anecdote about singing “You Are My Sunshine” with a woman for whom the song conjured up memories of feeling safe and cared for on her father’s lap. In Suz’s above reflection, she speaks not only of communicating love, but of offering it as a gift. For singers to communicate a message of love is to hope that travelers may understand it; for singers to offer and invoke love is to hope that travelers may accept and feel it.

As previously discussed, the range of Triangle Threshold Singers’ activities is broader than just singing for the dying—Threshold singers also visit individuals who are not at the threshold but who are infirm, injured, or isolated and in need of musical comfort and support. This chapter, however, will focus primarily on the experience of singing with a traveler who is on the threshold. In addition to singers’ skill and intention, part of what allows the offering, invoking, acceptance, and feeling of love to happen is the special sense of space, time, and interpersonal communion that may develop during a bedside singing. Although Threshold singers do not typically use the term “ritual” to describe what happens during their visits, their bedside singing practice includes some ritualesque qualities. For most individuals, the deathbed is an unfamiliar, unknown, and liminal space, heavy with the significance of the personal and social transitions—individual-to-ancestor for travelers and waiting-to-grieving for family members—that are taking place. In this context, it makes sense that imposing some structure on

the situation would help it feel less taboo and more manageable. Although no two bedside singings are the same, they typically are temporally bound, follow a similar structure and form, and have unwritten rules about acceptable versus unacceptable behavior. Many singers also refer to the (death-)bedside as a “sacred space,” and recognize that their practice is “intended to have a permanent effect...[and] aims for change beyond the ‘time out of time’ of the event itself.”<sup>128</sup>

For Threshold singers, a “permanent effect” does not equal a specific desired change or concrete goal. As Ann and many other singers reminded me, “We are not singing to change anything; it is to support where the person is.”<sup>129</sup> Yet, even as Threshold singers train themselves to be entirely present in the current moment, they are aware of the transformative potential that a bedside singing may have on a traveler, their loved ones and caregivers, or the singers themselves. Over the course of my interviews with Threshold singers, I asked them what it *felt* like when a bedside singing was going well. They repeatedly described an experience that was transcendent, transformative, and marked by a profound sense of togetherness. In the context of a rite of passage, ritual scholars refer to these experiences as *copresence*, *communitas*, and *flow*.

In his 2010 article “Deathbed rituals: Roles of spiritual caregivers in Dutch hospitals,” Thomas Quartier argues that deathbed rituals offer two main opportunities for participants: (1) rituals help us ‘say the unsayable’ about death and (2) rituals offer patterns for a ‘comfort zone’ within which an individual’s attachment to their own life or the life of a person dying can be reorganized.<sup>130</sup> According to Quartier, the structural and meaning-making aspects of deathbed rituals are multifaceted, each with internal and external dimensions. Internal structure is the

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<sup>128</sup> Jack Santino, “From Carnavalesque to Ritualesque: Public Ritual and the Theater of the Street,” In *Public Performances: Studies in the Carnavalesque and Ritualesque* (Logan: Utah State University Press, 2017), 6.

<sup>129</sup> Ann Ringland, Interview, December 8, 2020.

<sup>130</sup> Thomas Quartier, “Deathbed rituals: Roles of spiritual caregivers in Dutch hospitals,” *Mortality* 15 no. 2 (2010): 109-110.

structure that a ritual *has*, while external structure is the structure that the ritual *brings about*. Internal meaning is *recognizable*, such as meaning naturally associated with certain objects and gestures, whereas external meaning is *that to which the ritual refers* and transcends the performance.<sup>131</sup> In the case of Threshold singing, the *internal structure* of a bedside singing (e.g., time-bounded musical renditions) may bring about an *external structure* of a moment of diversion and emotional respite, or a marker of social transition from individual to ancestor. The *internal meaning*, such as the calmness that we naturally associate with soft, repetitive music, may give way to an *external meaning* of interpersonal communion and unconditional care. The relationship between the internal and external structure of rituals is that it “gives people something to hold onto and brings them closer to each other.”<sup>132</sup>

The need to give people something to hold onto derives from the transitional, charged, and liminal qualities of a deathbed situation. In the context of the ritual process, anthropologist Victor Turner uses the term “liminal” to refer to a place or person (i.e., the deathbed or a dying individual) as well as to the second stage of a rite of passage—a rite that accompanies a change of place, state, social position, or age.<sup>133</sup> Turner summarizes the three phases of a rite of passage as such:

The first phase (of separation) comprises symbolic behavior signifying the detachment of the individual or group either from an earlier fixed point in the social structure, from a set of cultural conditions (a ‘state’), or from both. During the intervening ‘liminal’ period, the characteristics of the ritual subject (the ‘passenger’) are ambiguous; he passes through a cultural realm that has few or none of the other attributes of the past or coming state. In the third phase (reaggregation or reincorporation), the passage is consummated. The ritual subject, individual or corporate, is in a relatively stable state once more and, by virtue of this, has rights and obligations vis-a-vis others of a clearly defined and

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<sup>131</sup> Quartier, “Deathbed rituals,” 111-112.

<sup>132</sup> Quartier, “Deathbed rituals,” 111.

<sup>133</sup> Victor Turner, “Liminal to Liminoid, in Play, Flow, and Ritual: An Essay in Comparative Symbolology,” In *Rice Institute Pamphlet - Rice University Studies* 60, no. 3 (1974): 94.



‘structural’ type; he is expected to behave in accordance with certain customary norms and ethical standards binding on incumbents of social position in a system of such positions.<sup>134</sup>

During the liminal phase, the “passenger”—who in our case could be the traveler, but also family members or singers—is in a waiting state, a state that is neither here nor there, betwixt and between. Even though Threshold singing certainly takes place in a liminal space, with liminal actors, the practice also exhibits *liminoid* characteristics.

As we learned in the previous section on communication, singers partly see their mission as one to ease participants over the metaphorical threshold between life and death. For travelers and family members, this liminal period marks a change of social status, as well as a physio-spiritual transition: through death, the traveler transitions from “individual” to “ancestor.” Family members transition from “the caregivers” to become “the bereaved.” When Threshold singers say of travelers, “We sing them out,” they are speaking about offering a gift of music that facilitates those transitions. Singers’ experience of bedside singings may be better characterized as *liminoid* rather than liminal; it may share the transitional quality, but singers do not undergo a status change in the same way.

Turner distinguishes between liminal and liminoid phenomena, “*Liminal phenomena* are centrally integrated into the total social process...*Liminoid phenomena* develop apart from the central economic and political processes;” *liminal phenomena* reflect a group’s collective experience over time whereas *liminoid phenomena* “tend to be more idiosyncratic or quirky, to be generated by specific named individuals and in particular groups.”<sup>135</sup> To the general population, the concept of Threshold singing may seem idiosyncratic, quirky, or favored by a

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<sup>134</sup> V. Turner, “Liminal to Liminoid,” 94-95.

<sup>135</sup> V. Turner, “Liminal to Liminoid,” 85.

small and specific group of people or kind of person. As Ann recalled, “I don’t know how many people over these years have said, ‘You do *what*? You sing and go to the bedside of strangers who are dying?’ I say, ‘Yeah, I do. I do, and I can’t imagine not having done that.’”<sup>136</sup> Threshold singing also exhibits the liminoid quality of seeming more like a commodity—albeit a free service or gift—which one requests, rather than the liminal, which Turner claims “elicits loyalty and is bound up with one’s membership or desired membership in some highly corporate group.”<sup>137</sup>

Even if different parties are experiencing the bedside singing experience slightly differently—travelers and family members as liminal, and singers as liminoid-esque—it is clear that the experience of gathering at someone’s deathbed, both for the traveler and for others present, carries a special weight. Larry described the palpable sense of significance he feels in the room, especially as a traveler draws closer to the threshold:

*When you’re really with a traveler who is close to the end, it’s a very different experience than when you’re dealing with somebody who is sitting up or quite alert, or even ready to sing along with you. It’s a nice connection when they’re more active, but it’s a deeper, more profound kind of thing when they’re closer to the end. [SP: How so?]*

*Well, they’re in a different place. They’re moving into a place that has a great deal of significance. There’s something—you might say—sacred, about it. So, it’s different when people are awake and alert. There’s not that same... you don’t hear cathedral organs in the background.*<sup>138</sup>

In that space, moment, and experience that feels profound, significant, sacred, or just in limbo, music can “fill” and stabilize this space, easing the experience for the traveler and family members alike. The music itself plays an essential role in offering a pattern to stabilize the environment into what Quartier calls a “comfort zone,” in helping participants to say the

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<sup>136</sup> Ringland, Interview.

<sup>137</sup> V. Turner, “Liminal to Liminoid,” 86.

<sup>138</sup> Larry Nessly, Interview, May 18, 2020.

unsayable, and in bringing those present at bedside closer to each other. As discussed earlier, the music at any bedside singing can vary greatly depending on factors such as the traveler's musical preferences, faith background, level of consciousness, or the presence of friends and family members. For this section, we will focus specifically on what singers call "Threshold music"—music written specifically for, and often by, practitioners of Threshold singing.

One previously discussed reason that singers may choose to sing Threshold music is because these songs are typically gentle, simple, and unfamiliar. These songs are unlikely to elicit strong emotional associations and travelers are less likely to feel pressure to engage with an unfamiliar song. Ann explained that another benefit of Threshold music is that it written with a specific context in mind:

*We have songs that are specifically designed to be comforting: slow, harmonic, almost...certainly very gentle, in its words. I think that that helps us reach our goal of comfort. I keep going back to the word "comfort," but that's really what it is. I mean, for that very reason, the repertoire is simple. It's melodic. It's repetitive. The words are simple. The specific Threshold songs are like that.*<sup>139</sup>

Because Threshold music is written for a specific context and purpose, many of the songs have similar features and feel. Susan described Threshold music like this:

*Threshold music is generally sort of meditative and quiet. [...] I sing Threshold music—I mean, I listen to Threshold music during dental work and other painful procedures because I find it very calming. It's healing music, I just have to say. And that's its intention. I think because it's mostly written by Threshold members, with that intention. And I think that really comes across. Most of it is pretty easy, melodically. A lot of Threshold people don't read music, so most people learn it by ear, I think, a lot of it. And some of it isn't written down. We don't have everything written down. [...]*

*But I love the Threshold music. And again, our friend Cynthia Crossen, the local singer-songwriter, has written a lot of songs that are very Threshold-like. And we sing some Kathleen Hannan. And, also, Kathleen Hannan leads a choir called Bodies, Voices, and Spirits. She's also written music. And she was actually one of the original founders. [...] So yeah, that's the main thing. It's mostly quiet and meditative and has kind of a spiritual component. But it's non-sectarian. It's not religious music at all. And that's really*

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<sup>139</sup> Ringland, Interview.

*important. Although, we're in the south, so [laughs] we're pretty much in the Bible Belt, which is why we had to learn hymns.*<sup>140</sup>

The comfort that a Threshold song brings does not just come from its soft, repetitive melody or comforting lyrics. The songs also ground participants in what is a charged, liminal, and instinctively sacred space. Debbie, among other singers, also noted that music can soothe family members by simply giving them something to do:

*There's a lot of sitting in this room waiting for someone to die, or they can't really read, or they're in different states, or maybe they're in pain. And it just, there's a lot of empty sitting there. Not everybody meditates so much, the emptiness, but it can be so nice then to have song, music.*<sup>141</sup>

The music is more than entertainment or distraction. Singers consistently talked about music as a physical presence, saying things like, “Let the music fill the space,” “Let the music wash over you,” and “lean into the music and feel it support you.” For the singers, music can help fill and relieve the “emptiness”—spatial, emotional, spiritual, or otherwise—that can feel overwhelming and consuming in a moment of waiting. Randy observed:

*Nobody is going to listen to Rest Easy, as I keep on mentioning it, and say, “That reminds me of...” It just doesn't come up very much in those situations. Threshold, I think, in some sense, has a more physical sense of what the singing does. It's almost as if they're imagining the sound waves carrying people.*

When I asked him to elaborate, Randy expanded:

*Well, in the sense that it's not mental, right? I mean, [Threshold singing] does have effect, but Threshold doesn't strive very hard to make the words themselves particularly apt for somebody's situations as say, a hymn, would. It certainly doesn't strive to make them familiar, the music. It tends to repeat a lot of themes of simply comfort and rest and a sense of peace. So, we're not working people real hard on the mental scale. And all of the songs are—what they really want people to do is to ease into them, physically. And I think people like to think about them like folks just leaning back on the music, on the*

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<sup>140</sup> Susan Siegel, Interview, July 6, 2020.

<sup>141</sup> Debbie, Interview, April 11, 2020.

*voices. And thinking their own thoughts, not any that are necessarily inspired by the music. But the music enables them to focus.*<sup>142</sup>

Singers do not believe that this physically and spiritually supportive quality is unique to Threshold music, specifically. Joanne remembered that when her father was dying, a cousin who had previously experienced a traumatic injury recommended that she turn on the radio to soothe herself and her dad. She recalled:

*I wasn't necessarily singing along, but having the music, holding some space, filling some space, giving some kind of support.*

*I feel that with music too, and also when I'm talking to women before birth: for some people, music means more than to others. But if music has been playing and then it just automatically shuts off or something, there's an emptiness.*

*It's something that, you know, I really literally feel like it holds people up to have that music in the room. And sometimes women and dying people, both—women wouldn't necessarily be able to say, "Please turn the music back on," because they also become nonverbal in their needs and they can't always articulate or maybe even know that they need it back on. [...] Music can be supportive.*<sup>143</sup>

In this sense, music is not only a vehicle for comfort, but also provides a sense of structure, stability, and support—a comfort zone—in a liminal environment within which an individual can confront the unknown and focus and reflect on their relationship to their own life or the life of a dying individual.

As Randy, Larry, and Joanne's comments suggest, some singers see the music they provide as a physical presence which supports travelers, family, and staff while they inhabit a liminal space and facilitate the passage of the traveler over the threshold. Sound waves may support each person individually, but bedside singing also strives to cultivate a sense of communal support that comes from a sense of solidarity, presence, and togetherness. Larry

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<sup>142</sup> Tobias, Interview, July 22, 2020.

<sup>143</sup> Dahill, Interview.

considers the connection that he feels with his fellow singers, the traveler, and family members to be sacred, in a way. He explained:

*When people sing, they seem to be closer to the Divine in some way. And if people sing together, with a lot of heart, then it's much closer to the Divine. And, I think that if people are singing together with a lot of heart in the presence of someone who is in the process of transitioning—of dying—then there's even more of that.*<sup>144</sup>

As anthropologist Edith Turner writes, the “love, community, fellow feeling, compassion, sympathy and the search for the benefit and response of another soul”<sup>145</sup> she dubs *communitas* is “a gift from liminality, the state of being betwixt and between.”<sup>146</sup> *Communitas* does not develop because of the structure of a ritual, but within the space that it creates. The feeling of equality and togetherness experienced by singers during bedside singing could also be characterized as “copresence.” Sociologist and social psychologist Erving Goffman coined the term in 1966 to describe “the ways that one’s behavior is influenced by the presence of another individual (or individuals).”<sup>147</sup> Copresence does not require the physical presence of another individual, however; one can experience copresence with the dead, fictional characters, and the divine. Neither is simply sharing a physical space with another person sufficient to facilitate copresence.<sup>148</sup>

While some singers, like Larry, find that the act of gathering is essential to Threshold singing, others find that they can attain this sense of sacredness and communion just singing with

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<sup>144</sup> Nessly, Interview.

<sup>145</sup> Edith L. B. Turner, *Among the Healers: Stories of Spiritual and Ritual Healing Around the World* (Westport, Conn: Praeger Publishers, 2006), 141.

<sup>146</sup> Edith L. B. Turner, *Communitas: The Anthropology of Collective Joy* (New York: Palgrave Macmillan, 2012), 4.

<sup>147</sup> Celeste Campos-Castillo and Steven Hitlin, “Copresence: Revisiting a Building Block for Social Interaction Theories,” *Sociological Theory* 31, no. 2 (2013): 168.

<sup>148</sup> Campos and Hitlin, “Copresence,” 170.

a traveler one-on-one. When a singer visits a traveler alone, the visit does not lack in intimacy. A solo singer also has more autonomy in making decisions. Debbie gave an example:

*If I just go sing alone, I don't have to worry about choosing songs. I just think I might have, you know, a book with me if I draw a blank or something I can look through there, but I just start singing and I don't have to worry about pitch or harmony or matching or anything. Or if I miss a verse, just keep going, that's okay.<sup>149</sup>*

Ann expressed that sometimes singing alone is preferable to the coordination and negotiation that singing in a pair or small group requires:

*There's a whole lot to a person when you're singing. It's energy level, ability to focus, does my voice match that person's voice? So, sometimes, you know, I'll realize that—let's say that we're going into a private setting, not a retirement center, ok—I'll realize that the person who says, "Oh, I can come," and I'm saying to myself, "Ergh, I'm just wondering how that's going to work." Who's going to be in charge? Who's going to set the pace? Who is going to decide the song? That kind of thing. And most often it's me, because of my role as an anchor. But sometimes I've ended up with somebody, and I just, it's been more problematic because our voices don't match. I have a low voice, and—it's fun. But most of the time—that's really an exception for me over history, that it hasn't worked out. Three is easy because somebody's voice is going to match the other person. So, you know, we can do that.*

*But one-on-one—I can really get into my own comfortable space, my own timing, my own choice of songs. If I want to repeat a song fifteen times, I can do that.*

Ann also noted that, at other times, the support and company of fellow singers is absolutely necessary:

*I remember very distinctly that when I was going to sing for a very close friend of mine, one of my very closest friends of my life, and I really wanted to sing for her. But I knew I couldn't do it by myself, because I cry easily. And that was a real logistical problem, to try to get somebody to go with me that I liked and trusted. [...] But to have her come with me, when can we go? Because I knew I couldn't do it by myself. That was a very, that took a lot to sing.<sup>150</sup>*

Norm, who has significant experience singing one-on-one for hospice patients through other volunteer programs, reflected that both configurations of singing have their own benefits:

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<sup>149</sup> Debbie, Interview.

<sup>150</sup> Ringland, Interview.

*I think, in one way, it's easier to be on one's own and be making the decisions about what you want to do. I mean, I have my own favorite songs, I like to sing in a certain kind of way, and you might say it's easier to not to have to check in for permission, or authority, or whatever.*

*On the other hand, it's nice and helpful to be with a group, to look to others for support and guidance and good ideas about what to sing. It's also fun to sing together. I think within Threshold the prevailing ethic is that singing in small groups is better than singing alone. It has more of a, I don't know, communal feeling. Not large groups. [...] Groups of two or three, no more than four, have a nice, supportive feeling to it. And the music, I think it can sound particularly nice when a small group like that sings together. [...] Anyway, I'm kind of fine either way. I mean, I do enjoy making individual visits and that's what I do as a volunteer at the Hock Pavilion, that's what I do visiting congregants in the Jewish community. I do that entirely on my own. But in Threshold, it's different, and I try to learn to be part of a small group.<sup>151</sup>*

Some singers, including Suz, worried that one-on-one singing does not serve Threshold singing's purpose in the same way that singing in a group does. She remarked:

*Recently, we've gone [singing] more by ourselves. Personally, I feel you lose an awful lot when you do that, and it's not necessarily the goal of Threshold, either. It's to allow more than one voice to gather and share that love with whoever you're singing to.<sup>152</sup>*

When singing in a group instead of solo, singers can rely on each other for support.

Furthermore, some singers expressed that the action of *gathering* at a bedside adds a special dimension of support, solidarity, and community. Susan observed that the difference between singing one-on-one and in a group lies in “the multiplying of the energies, of the healing spirit, of the love and compassion in the room.”<sup>153</sup> The feeling of solidarity and connection that may develop at a bedside singing represents *existential* or *spontaneous* *communitas*, or *communitas* that characterizes a fleeting moment.<sup>154</sup> The emotional environment during a bedside singing visit reflects Victor Turner's observation that life crises, such as the passage from life to death,

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<sup>151</sup> Norm Loewenthal, Interview, June 22, 2020.

<sup>152</sup> Robinson, Interview.

<sup>153</sup> Siegel, Interview.

<sup>154</sup> Victor W. Turner, *The ritual process: structure and anti-structure* (Chicago: Aldine Pub. Co., 1969), 132.



can provoke a shared feeling of “humankindness” among those present.<sup>155</sup> The power of *communitas* lies not only in the activity itself, but also in what it implies. Edith Turner writes,

The implications follow that if one responds to *communitas*, one can no longer treat another human being as an object, because each soul is too much part of other people’s souls... We exist in a vast interchange of spirit personality—often glimpsed, sometimes seen clearly in the acts of spirit sociality. The social itself can become a matter of intuitions passed between people and a joyous sense of bonding, sometimes providing the power of collective healing and of acting in visionary harmony.”<sup>156</sup>

Likewise, as Suz and Susan’s words so clearly relate, the implication of Threshold singing is that participants feel too much part of each other’s energy, spirit, and soul to treat each other as anything less than human and equal. In the power of *communitas* lies the potential for spiritual as well as musical harmony, bonding, and collective healing.

Whether those present at a bedside singing experience *communitas*, *copresence*, or something in between, the experience of that connection becomes the memory of that connection, which can have an enduring impact on the lives of singers, travelers, family members, and caregivers. When asked about their most memorable or transformative Threshold experiences, singers often described times when they feel “in the moment,” that “time stands still,” as if the music is “flowing through them,” and outside of themselves, at one with the other people present. Some singers described a sense of calmness and detachment accompanying these experiences. Larry described how maintaining emotional distance from the situation and stepping into the role of the observer helps him embrace and move through any discomfort or self-consciousness he might normally feel in such an intimate situation:

*There are some ways that I just feel aloof, detached. Other people seem to be more plugged in to wants and needs and desires and anger—well, I’d say I do feel anger and*

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<sup>155</sup> V. Turner, *The ritual process*, 116.

<sup>156</sup> E. Turner, *Among the Healers*, 159.

*frustration, that's true. But there's just a lot of kind of wiring that I don't seem to have that much of.*<sup>157</sup>

Larry recalled that on the way to his first ever bedside singing, he felt “like someone going off to the first battle in a war [...] There were no bullets flying, but nonetheless, there is something fundamental about someone dying and it's not just a surface kind of reaction.”<sup>158</sup> Instead of coming out of the experience disturbed or shaken, Larry found that by the time he was at the traveler's bedside, his nervousness had dissipated, and singing just felt like the natural, right thing to do. Debbie, offered an additional perspective on why and how keeping some amount of emotional distance can be useful:

*[In a bedside situation,] there can be screaming, there can be anger. And grief. And people can be really religious but angry at their God for abandoning them. So, you have to really be careful. I'm real careful unless requested to do “religious” songs because, you know, some people change—they get religious or they lose their religion. [...]*

*I was in a situation a few months ago where a 96-year-old person chose to stop eating and her health had been deteriorating and one of her sons was angry at her. And I had to realize kind of, “Oh wow, I'm feeling this anger. This is not my anger. This is her son's anger.” I was able to see, “that's not mine” and let that roll off me without being distant or belittling it, but just saying, “I'm compassionate and I understand this pain, but I'm not taking it into my body.”*<sup>159</sup>

The emotional detachment that Larry and Debbie describe does not create distance between themselves and the traveler or family members, but rather serves to remove any barriers to connection and support. I asked Ann to describe what it feels like when she is in the moment, and knows a visit is going well:

*Oh god! [laughs] What am I feeling at the time is more like...what's the word I want to say?*

*Full?                      Outside myself.*

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<sup>157</sup> Nessly, Interview.

<sup>158</sup> Nessly, Interview.

<sup>159</sup> Debbie Interview.

*Not unfocused. Not like, “La, la, la, I’m off somewhere, thinking about something else,” but just not really being conscious of myself. I’m completely unselfconscious. And focused and full. And you know, it’s really satisfactory.*

*And if I’m with somebody, the energy that goes back between you, you know, it goes three ways: from me, to the other person, or the other persons that are singing, and you could tell, and you know, we have eye contact and can tell, this is really working. Look at, look at the change in the traveler. We’re really working well with our rhythm and our own toning.<sup>160</sup>*

Folklorist Kay Turner described a similar phenomenon of spontaneous *communitas* and behavioral synchronicity leading to a powerful sense of one-ness among participants in the context of the Italian American Virgin of Sorrows procession in Brooklyn, New York:

If *communitas* is signaled by spontaneous, unstructured, unmediated relationships between people who suddenly or momentarily realize their synchronous unity with each other, then *flow*—the movement of transitions—describes the intensification of relation and loss of self that occurs as the participants move together through the Brooklyn streets. *Flow* is movement which admittedly, aims at obliterating self-consciousness. The therapeutic function of flow should then be obvious: it opens the participant to the possibility of receiving the Virgin’s blessing, the temporary but significant gift of enjoying sacred status that allows one to feel momentarily invulnerable, protected, and capable of powerful performance.<sup>161</sup>

One therapeutic function of Threshold singing is similar: when, under favorable conditions, a small group of people comes together in spontaneous *communitas* and behavioral synchronicity, bedside singing participants set aside a sense of individual self in favor of feeling at one with the other people present. In Edith Turner’s words, “the benefits of *communitas* are joy, healing, mutual help, collective religious experience, long-term ties with others, a humanistic conscience, and the human rights ideal.”<sup>162</sup>

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<sup>160</sup> Ringland, Interview.

<sup>161</sup> Kay Turner, “The Virgin of Sorrows Procession: A Brooklyn Inversion,” *Folklore Papers of the University Folklore Association* no. 9. Eds. Kay Turner, Paula Johnson, Debora Kodish, Frances Terry (The University of Texas: Austin, 1980): 21.

<sup>162</sup> E. Turner, *Among the Healers*, 159.

Both the Virgin of Sorrows procession and Threshold singing exhibit the centrality of synchronized movement, attention, and emotion—three factors equally important to theories of copresence and *communitas*. In 2013, sociologists Campos-Castillo and Hitlin returned to and reconceptualized copresence as “the perception of mutual entrainment between actors, where entrainment is the mutual synchronization of three components: attention, emotion, and behavior.”<sup>163</sup> The perception of each of these components is subjective, variable for each actor within an interaction, to contextual factors, and has an influence on interactional outcomes. This more complex rendering of the concept helps us recognize “a system in which social actors increase or replenish personal stores of ‘emotional energy’ through satisfying interaction rituals.”<sup>164</sup>

Threshold singing depends on mutual synchronization of attention, emotion, and behavior. There is something fundamental about synchrony in the breath. Singers breathe synchronously with each other in order to sing in unison, and often cite the synchronization of a traveler’s breath with the tempo of the music as a sign of calm and connection. As the singers, travelers, and family members synchronize in attention, emotion, and behavior, they replenish each other’s emotional and spiritual energy. Singers highly value the sense of *communitas* and copresence that bedside singing provides; it sustains the singers as much as it helps the people they sing for. According to Edith Turner, music is especially well-suited to *communitas*:

Music is no ordinary aspect of human experience. Our bodies have boundaries—skins—so we cannot merge all of our body with all of the others. But by intimately sharing precise *time*, owing to the transformative power of rhythm, we *can* merge, and we find we are not separate. In music, you join your voices completely, you are joined, you are in

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<sup>163</sup> Campos and Hitlin, “Copresence,” 169.

<sup>164</sup> Campos and Hitlin, “Copresence,” 170.

the same place, because you have gone altogether into the sound, and the sound is one sound with all the other people in it: one, in the same space.<sup>165</sup>

The deep sense of connection that forms among the singers and others present at the bedside—often strangers—opens them up to embrace a communal sacred experience. For travelers and family members who may not have known what to expect from a bedside singing, this moment of flow may allow them to feel momentarily invulnerable and protected and offer temporary relief from their current burdens of pain, anxiety, or anticipatory grief.

When I asked Larry what a good moment at bedside feels like, he responded:

*Hmm. I'm not sure that I'm specifically feeling...It's not so much that I can sense some kind of internal feeling in me. It's this sense of something flowing, something moving, and being part of that motion, that movement. So, it's that sense that I think is kind of like the peak moment, rather than some emotional response on my part.*<sup>166</sup>

Larry and Ann use or describe the term “flow” in a similar way as Victor Turner—to denote “the holistic sensation present when we act with total involvement.”<sup>167</sup> Singers’ descriptions of what they experience during a bedside singing align with Turner’s six distinctive features of the flow experience: (1) the merging of action and awareness, (2) the centering of attention on a limited stimulus field in space and time, (3) the loss of ego with heightened mental and kinesthetic awareness, (4) the finding of oneself in control of his or her actions and of the environment, and (5) the containing of coherent, non-contradictory demands for action which provide clear, unambiguous feedback to a person’s actions.<sup>168</sup> According to Turner, when individual participants in a bedside singing simultaneously enter a flow state, a sense of *communitas* between and among them may develop as they believe each other to be experiencing the same

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<sup>165</sup> E. Turner, *Communitas*, 48.

<sup>166</sup> Nessly, Interview.

<sup>167</sup> V. Turner, “Liminal to Liminoid,” 87.

<sup>168</sup> V. Turner, “Liminal to Liminoid,” 87-89.

transcendence as a result of verbal and non-verbal communication.<sup>169</sup> Suz described this feeling of transcendence as a communal effort among singers to “hold the sacred space” in a bedside singing:

*To me, what [holding the sacred space] means is, each of us is filled with energy. And the energy that we hold, that resides within us, when taken to the deepest depths of our being, our souls, means, at that point in time, if I am singing to another, my soul is connecting with his or her soul. And it's not just that person. It's everyone throughout that person's life he or she has ever touched. It's everyone and every being throughout my life that, not only have I touched, but that has touched me. And now, there is this cocoon of richness, compassion, peace, and love, that envelops that two, three, four of us together as we are all one with spirit, and with voice. [SP: That's a really special feeling.] Very, very special feeling.<sup>170</sup>*

Suz's account reflects Csikszentmihalyi's position that in a flow state, “action follows action according to an internal logic which seems to need no conscious intervention on our part...we experience it as a unified flowing from one moment to the next, in which we feel in control of our actions, and in which there is little distinction between self and environment; between stimulus and response; or between past, present, and future.”<sup>171</sup> Suz's description of this cocoon of richness, compassion, peace, and love that unifies singers in spirit and voice also points to an experience that transcends flow—is deeper, ethereal, almost ecstatic.

Singers regularly experience *flow* at bedside, but music can facilitate this feeling in other situations, as well. One of Suz's most powerful Threshold singing experiences took place at a community memorial service, where she felt all divisions between self and other, past and present, and dead and alive fall away. She recalled:

*Chapel Hill Hospice tied in with UNC Hospitals [has] an opportunity once a year for anyone who has lost a family member to come together and remember. So, it's a remembrance ceremony or celebration. We used to sing at those regularly. They were so*

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<sup>169</sup> V. Turner, “Liminal to Liminoid,” 89.

<sup>170</sup> Robinson, Interview.

<sup>171</sup> V. Turner, “Liminal to Liminoid,” 87.

*special, because as singers, we have to hold that sacred space. But when you were at that celebration, you were invited to light a candle, too, in honor of a loved one.*

*And I can remember us singing, and we were singing the song “Sing You Home.” Many of the people who were there knew that song and would start to sing it. Finally, we invited them to sing it with us, and we’re all singing with tears freely running down our faces.*

*You could just feel, the room was filled—to me it was filled with everyone who had gone on, and others who hadn’t left yet, and those of us who were present that day. And that, to me, was one of the richest Threshold experiences I’ve ever had.*

*[SP: What felt so special about that one experience?]*

*There was no doubt each of us understood personally what it was like to lose a loved one. We also understood that they were in a better place. And not only were they in a better place, but they were able to be with us in a blink of an eye. A person would light a candle, and there would be a small flame.*

*As they would share why they lit the candle, the flame would burst up and then go back again, as if that loved one who is no longer here was saying, “Watch. There’s so many ways you can see me. I’m always with you. And I’m now the essence of purest bliss and love. Feel that and allow that to come into your life as you think of me.”<sup>172</sup>*

Ideally, Threshold singing at bedside generates a similar feeling of humankindness and connection over space, time, and experience and creates, in a more intimate setting, “the sense felt by a group of people when their life together takes on full meaning.”<sup>173</sup> I would like to stress, however, that I do not mean to imply that this experience or “ideal” of *communitas* and *flow* is consistent or universal. Not every bedside singing will or can be the transcendent or transformative experience described above; the conditions that bring about a sense of *communitas* and *flow* are mysterious, at best. Similarly, different singers likely relate to the afore-described experiences of bedside singing to different degrees; each singer’s social and emotional experience is highly personal and unique. For singers who did describe such

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<sup>172</sup> Robinson, Interview.

<sup>173</sup> E. Turner, *Communitas*, 1.

experiences, the experiences appeared to have had a strong impact on and hold a great deal of meaning for the singers.

One additional feature of flow as Turner conceptualizes it is that flow seems to need no goals or rewards outside itself.<sup>174</sup> Many singers echoed this sentiment. “I wouldn’t have chosen this,” Debbie said, “but then I started doing it and then it was very poignant and intimate. I don’t just like singing this repertoire, these parts. I also enjoy seeing people’s reactions, seeing them through this transition, and helping in supporting the family and caregivers and staff, as much as the travelers.”<sup>175</sup> For many singers, the act of being able to be there for travelers and their families is reward enough. Ann reflected:

*I feel like I have a skill of calm, presence, and love that helps me get centered, and that supports me to sing songs that are beautiful, that I enjoy singing. That I, you know, that I enjoy listening to myself sing it. You know, it is funny. I don’t walk around the house singing Threshold songs, what I call the Threshold bedside songs, like “My Grateful Heart” or something like that. But I enjoy singing, I can sing, I know that it’s like a gift. But also, my affect, the way I am with somebody, I think is a gift. So, that’s why one-on-one, or a small group, is more—is satisfying.*<sup>176</sup>

Some singers’ ideas of an “ideal” bedside singing rely more heavily on experiencing *communitas*, copresence and flow than others’. Singers, travelers, and family members can derive a great amount of comfort and support from a bedside visit which is simply routine and authentic. Sometimes, despite all efforts, visits just do not go well. Joy described a time when she had a challenging and unsatisfactory bedside visit:

*I think it’s because I felt very insecure. And when—because I’d been part of the choir for a while, I’d actually been able to do bedside singing. I’d done some, but not a ton. And I find out that most of these people who anchor, have a lot of experience, which I did not have. And so I anchored this one time, and I just... I don’t know. I just feel like I miffed it really bad. I forgot the hand signals, I forgot to use them, I started out too high... And*

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<sup>174</sup> V. Turner, “Liminal to Liminoid,” 89.

<sup>175</sup> Debbie, Interview.

<sup>176</sup> Ringland, Interview.



*then we sang for these people, and we asked them if they'd like us to sing a hymn, and they said "Yes!" And then we couldn't remember it. I don't think we had it in our book. It was a common hymn! But we just couldn't remember all the words. But I just felt mortified. I've had those moments.*<sup>177</sup>

Other times, the circumstances are difficult and outside of the singers' control: the traveler may be agitated, the room may be too crowded or hectic, or a worldwide pandemic may suddenly make gathering to sing together in-person unsafe. Although Threshold singing requires no goals or rewards outside itself, singers find the experience of singing at bedside immensely rewarding. During the COVID-19 pandemic, singers have struggled to replicate *communitas* and *copresence* in a virtual setting and have acutely felt its loss. Ann shared, tearfully:

*I miss singing so much, but I don't feel focused, and I don't feel engaged singing on a tablet. [...] It's hard. All of my singing groups have changed. The whole nature of it changes. Yeah. And I am a singer who listens to the other singers and works with them and with the energy and with the melody and even if it's a male voice. So, I like to have another singer there, in terms of support and in terms of just all of that. And that doesn't work. That doesn't work on Zoom.*<sup>178</sup>

The Triangle Threshold Singers crave not only the intimacy of bedside singings, but also the sense of *communitas* and *copresence* that they feel whenever they sing together in person, including during monthly rehearsals. Traditionally, the group closes each of their rehearsals with a small ritual that reflects the three pillars of the group—music, service, and community.

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After wrapping up the business of the meeting, the singer gather in the center of the room, joins hands, and sing the Threshold song "Sending You Light." I recall that after softly ooh-ing the melody, Randy led us into the words:

*I am sending you light,*

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<sup>177</sup> Williamson, Interview.

<sup>178</sup> Ringland, Interview.

*To heal you, to hold you.*

*I am sending you light,*

*To hold you in love.*

Randy invited us to close our eyes or to make eye contact with the other singers, and we trained our senses on the solidity of the floor, the vibrations of the sound, the warmth of held hands, and the feeling of togetherness. Once the melody was flowing nicely, singers who felt comfortable began singing in a sweet, three-part harmony. We paused at the end of the verse for a moment of silence. One by one, when moved to, singers spoke the names of individuals to whom they wished the group to “send light” into the circle, Quaker meeting-style. No last names or explanations were necessary, just intention. We repeated the process of singing and naming several times, until everything that needed to be spoken, had been. We sang the last verse in unison, and then the meeting was dismissed.

A form of this tradition continued even as rehearsals moved to Zoom with the onset of the pandemic. The Zoom lag makes singing together synchronously impossible, so the first time we tried “Sending You Light” over Zoom, Randy led the song with his guitar as the rest of us sang along on mute, un-muting to pop in with our intercessions. Singers observed that although they appreciated continuing the ritual, especially when so many loved ones were on their minds, something was missing. The togetherness was missing. We struggled to tell if we were in tune with each other—in music, mind, or spirit. So, at the next meeting we tried a new approach. Instead of muting ourselves to silently sing along with Randy, we all un-muted, counted down, and launched into a cacophony of light-sending.

It sounded awful.

It felt amazing.

After we struggled through the lagging—but synchronous—music and had had a chance to name the people on our minds, nearly everyone had cracked a smile. We were all at home, many of us alone, and the ensuing musical mess was a far cry from singing together in person. Still, I couldn't help but think that this kind of madness was perfect and joyful, chaotic and good.

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While Threshold singing may not need any goals or rewards outside itself, Threshold singing (and the Threshold singers) is doing important work, the impact of which stretches far beyond individual singings. As a rite of passage, Threshold singing is just as much about easing the passage of a traveler over the threshold as it is about providing an opportunity for support, community, and meaning making for the loved ones who stay behind. In the following chapter, we will explore how, visit by visit, Threshold singing ultimately can facilitate a change in how communities relate to intimacy and communication in death. I have most frequently observed the enduring impact of Threshold singing in the role it plays in participants' lives, such as when a visit from Threshold singers empowers a child to sing with their dying parent even outside of the visits, or when Threshold singers feel transformed by a particularly intimate or meaningful visit.

Even though the individuals present at a bedside singing are focused on the present moment, singers understand—or at least hope—that the impact of their visit will stretch beyond the singing itself. As Suz explained: “What Threshold offers is, we sing you out. And the songs we sing stay with you and your family members, and you have them forever. You have those memories that suddenly shift the fear of death to the beauty of what death can be.”<sup>179</sup>

The possibility for this shift from fear to beauty lies in the space that ritual creates. Participants may have a powerful experience with Threshold singing in the moment, or not. As

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<sup>179</sup> Robinson, Interview.

Joanne described, a large part of what Threshold singing does is that it opens up the possibility and the *potential*:

*[Threshold singing] encourages a sense of opening to a greater love, to a great love, to...to a deep comfort. I mean, you could put capitals on that:*

*Opening to Deep Comfort: capital D, capital C.                      What does that mean? Okay.*

*Opening to Great Love: capital G, capital L.*

*Opening to, you know, the Expansive Beauty of Nature.*

*You could make all those letters capital and let people.... whatever that means. I don't have—I have my own answers, you know? I have my own way of understanding the world and I'm not sure if that's just not true of everybody, that it's all slightly individualized because we're living an individual life. So even if we go sit in the same church pew, or say the same prayers, or sing the same songs in a spiritual community, we're all still having an individual experience. And I'm not trying to tell anyone else how to have an experience or what experience to have, but I am encouraging them to look towards one of peace and comfort and ease.<sup>180</sup>*

An individual experience it may be, but it is the communally *felt* ritualesque qualities of Threshold singing—the unity, *communitas*, collapse of time and space—that truly harness the potential of bedside singing to provide an opening for meaning-making and deep connection. For those who live on, the experience of meaningfully communicating and connecting with others becomes the *memory* of that connection, which will stay with singers, family members, and caregivers for the rest of their lives.

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<sup>180</sup> Dahill, Interview.

## **CHAPTER 4: Walking Each Other Home: The Lasting Impact of Threshold Singing**

“Stefani!” Suz called over to me. “I am so happy that you were able to come sing with us today. Do you have a few minutes, or do you need to be somewhere?”

I suddenly became self-conscious that I had been checking my phone while helping to rearrange the dining room after the memory care unit sing-along.

“Sometimes they have a list of folks who want to be sung to at bedside after the sing-along. They have someone on the list for us today, so Larry, Kathy, and I are going to go sing a few songs for them, and I thought you might like to come along and stand outside the door and observe.”

“Yes!” I said, “I’d love that.” I followed Suz as she gathered the other two singers. Once herded, our cozy pack made our way toward the resident’s room. Suz mentioned how much she appreciated the tambourines another singer had brought this week, and how much the sing-along participants seemed to enjoy them. The group observed that one woman they had sung with last month seemed to be doing better today. Before entering the room, Suz gave us a quick debrief: the last time she had sung for this woman, she was unresponsive. She might be sleeping.

I clutched my binder of Threshold songs that Suz had gifted to me that afternoon as she softly knocked and slowly opened the door to the traveler’s room. The room was not large, but it was spacious enough for two beds (the traveler’s and her roommate’s) and the four of us. I lingered outside the door at first, but Suz beckoned me in. The room wasn’t unwelcoming, but it wasn’t cozy either: fluorescent lighting, linoleum floors, not much in the way of furnishings. The roommate’s side of the room was colorful and decorated with pictures of family and friends, but

our traveler's space was mostly bare. She appeared to be asleep, curled up on a low bed, under a gray sheet. A machine to the side of the bed helped her to breathe. The roommate was perky and cheerful; sitting up in bed, she welcomed us in as Suz explained who we were and what we were there to do.

"We're going to sing a few songs to your roommate. You can listen, too. Is that ok?" Suz asked. The roommate said it was, and sat up straighter—maybe excited, maybe curious, maybe both.

Suz, Larry, and Kathy slowly approached our traveler's bed, arriving in a loose semi-circle. They moved calmly and quietly, taking care not to make too much noise. I stood five or six feet behind them, as quietly as I could, not sure what to expect and self-conscious about crowding the space, either with physical presence or nervous energy. Suz quietly introduced herself, Kathy, and Larry to the traveler as she continued to sleep, explaining that they were going to sing her a song. In her role as the "anchor" of the group, Suz chose a song to sing.

"Rest Easy," she whispered to Larry and Kathy, and they took out their binders to flip to the song, the rustling of the pages temporarily disturbing the intentional quiet. When they were ready, Suz made eye contact with each singer and signaled—by crossing her fingers and pointing at her rounded mouth—that they would start by oohing the tune, in unison. Suz softly oohed the first few notes, and Kathy and Larry softly joined in. As they sang, I noticed their attention shift from the song and each other to the traveler they were singing for, paying special attention to her breathing, which gradually became deeper and more relaxed. On the next verse, the singers sang the words,

*Easy, rest easy,*

*Let all your troubles drift away;*

*Easy, rest easy.*

*Love enfolds you and holds you safe.*

Up until that point, I had been very focused on observing the singers, their movements, their behavior, their song. But as my own focus shifted towards the traveler, waves of emotion washed over me. First, a raw intimacy—I began to marvel at the beauty that was three strangers gathered at the bedside of an individual they did not know, simply to offer care and comfort.

Then, a profound sadness. I had been thinking a lot about my own father's death that week, which had been sudden and unexpected. There had been no prolonged journey or lingering at the threshold. One moment he was alive and present; the next, dead and gone. And then there I was, with these three other singers, occupying the threshold with someone waiting to pass over it. I didn't think I was going to cry, but then a passing twinge of jealousy threatened otherwise.

If the other singers were feeling emotional, their reactions didn't show in their faces, bodies, or voices. They continued singing the song, in harmony, then back to unison, and finally oohing the melody one last time. Suz gently bade farewell to our traveler, still sleeping, and to her roommate. As we made our way towards the door, Suz started another song, gently:

*We are all just walking each other home.*

Larry, Kathy, and I joined in, and we sang softly as we exited the traveler's room, walked down the hallway, and finally exited the memory care unit.

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Of everything I experienced and observed during my first bedside singing, the musical recessional was probably the piece I least expected. I do not know if singing in farewell is a standard practice for all bedside visits, but in that moment, it struck me as perfectly appropriate. First, continuing to sing as we left the room provided a certain ease of transition out of the

bedside singing and hopefully mitigated any possible sense of abrupt abandonment the traveler might have felt if we had just got up and left in silence. There was also a sense that, by singing while leaving, the effects of the singing would continue to stay with the traveler, even after the singers had left. Threshold singing facilitates communicative, intimate, and meaningful moments for singers, travelers, and family members in the moment, but the impact of those experiences is often lasting and uncontained. Sometimes, the biggest moments of impact happen after the singers have left the room—for instance, if by coming to sing for a traveler, family members realize that they have the ability to connect with their loved one through song, as well.

Many intense emotional experiences leave a lasting impact on us, just by the nature of their being emotional and intense. Threshold bedside singing can certainly fit this model. However, I also propose that, in some situations, the ritualesque qualities of Threshold bedside singing identified in the previous chapter—structure, liminality, *communitas*, and flow—may lend a special transformative potential to bedside singing. Threshold singing may have an impact that is not merely momentary, but also enduring.

The potential for transformation in bedside singing partially derives from the liminal and transitional nature of the situation itself. As the name “Threshold Singers” suggests, a key part of the group’s mission is to ease participants through the previously discussed social transitions that occur at bedside: from “individual” to “ancestor” and from “caregiver” to “bereaved” for travelers and family members, respectively. Some amount of personal, social, and relational transition is inevitable at any deathbed. Threshold singing’s unique contribution is its infusion of *communitas* and flow—the feeling that we are all connected, and everything is as it should be.

Singers’ experience of bedside singings is better characterized as *liminoid* rather than liminal; it may share the transitional quality, but singers undergo no status change. Even so,



singers' experiences at bedside are no less profound. They experience flow and *communitas* in the same way as other participants. Furthermore, they repeatedly witness—and can testify to—the impact of Threshold singing and can take their specialized and embodied knowledge out into the community. In this section, I will share a few of the singers' innumerable accounts of the enduring and transformative impact of Threshold singing on travelers, family members, the singers themselves, and their community at large. These stories illuminate the power of Threshold singing to nurture continuing bonds between dying individuals and their loved ones, to give individuals permission to call on creativity as a resource in the face of the unknown, and to reshape the way participants interact with death and perceive their own mortality.

When I first began singing with the Triangle Threshold Singers, I had the impression that the travelers were the target audience for our singing, attention, and support. In previous chapters, we have discussed the ways in which Threshold singers can testify to the ways that Threshold singing—and even just music in general—does support travelers in the moment, from facilitating dialogic farewell communication to bringing back memories. Devorah, who is a social worker and chaplain at a local continuing care facility, underscored the importance of never underestimating the power of singing a simple song that an individual can relate to:

*So, there's one resident at where I work who grew up in France. So French, of course, is her native language. And she has cognitive impairment. Singing to her in French...brings back, I guess, happy childhood memories. And even though, when we stop singing and we leave, I know she will often fall back into unhappiness—to be able to provide ten minutes of relief from suffering is what it's about, I think.*

*Don't underestimate the power of singing childhood ditties. [laughs.] Little things that remind people of happy memories. I mean, spiritual music is great for people that have the cognitive ability to relate to it and it has great meaning, but sometimes the part that people relate to is their childhood "Take Me Out to the Ballgame," or "Frère Jacques."*

*And those have every bit as much spiritual power as the doctrinal, other wonderful music that we all relate to, which is also fabulous. But if you're walking down the hall with someone who's got to walk around to do physical therapy and you can sing a little bit*

*while they're walking, you know, don't underestimate the power of music to be uplifting.*<sup>181</sup>

The hidden power of Threshold singing, Devorah said, is the impact that it can have on the traveler beyond the specific moment of singing. She recalled examples from her own work:

*I grew up singing a lot of musicals with my family, so I love, like, "Oh, What a Beautiful Morning." I think you could sing that to everybody, every day. Because the message it leaves people with, "Wow, what a beautiful day!"*

*I mean, after the residents sing that, they join in and sing it, maybe they look out the window and think, "Yeah, it is a beautiful day!" You know? It has the power to transform without being heavy-handed religious, doctrinal, something you have to agree with or maybe—well, not that you have to—but it's a secular song that can reach to everybody.*

*"Wow. What a beautiful day. I have a great feeling, everything's going to be good for me today." Like, wow, what a great message, you know? So, I love that one. There are a couple like that that I think are just transformative in their simplicity. And everybody knows them and can sing along. [SP: And connect!]*

*And connect, right. Exactly. And when you leave the room after singing, you know, three or four songs for ten or fifteen minutes, you get a sense that they're going to have that in their head, maybe. That the power of it is not just going to be the ten minutes that you're in the room, but it's going to linger. They'll have a smile on their face for a little while after you leave. Yeah.*<sup>182</sup>

When someone is dying, it is harder to know what the lasting impact of bedside singing will be; if an individual is close to death and unresponsive, they will likely not be reflecting on their experience or offering verbal feedback. And it is impossible to know how or if the experience will stay with them through and after death. Over time, the Threshold singers have taught me that family members and caregivers are just as much a recipient and focus of their music and care as the travelers are. In many ways, it is much easier to observe the effect that bedside singing has on family members.

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<sup>181</sup> Devorah Ross, Interview, January 8, 2021.

<sup>182</sup> Ross, Interview.

In previous chapters, we touched on some of the ways that family members may benefit from bedside singing. The music may facilitate moments of connection, provide a base for dialogic farewell communication, and/or act as a physically supportive presence in a moment characterized by the unknown. However, family members could potentially derive these benefits from any musical bedside situation. These specific benefits are not necessarily unique to Threshold singing and are also possibly fleeting. Rather, singers had many stories to share of times they witnessed Threshold singing facilitate a transformative shift in family members' lives. They have witnessed the structure of a bedside singing give family members the courage to develop continuing bonds with their loved one who is dying. They have watched as the feeling of *communitas* created at bedside has healed familial rifts. They have seen the power of showing up as an empty vessel with an unselfconscious song transform family members' relationship to creativity and empower them to turn to music to heal pain or find meaning.

One of the most common effects that Threshold singers recalled noticing was family members shifting their understanding of communicating with their loved one. Threshold singing, they observed, could play a role in giving family members the courage and the resources to engage in dialogic farewell communication with their loved one. Many singers, including Devorah, recalled that while it is a natural impulse to assume that the traveler is the main focus/will reap the most benefits of Threshold singing, the singing can be equally important to families, by teaching them how to relate and connect to each other during a time of transition. Devorah noted:

*[Pre-COVID,] I think also the families really appreciated [Threshold singing]. Because I think the families sometimes felt really alone and helpless and didn't know what to do. They would come, and they'd come immediately and they'd rush in and they'd say, you know, "Mom, we love you," and they'd say what they needed to say, and then they waited. And sometimes they waited for days. And they didn't know what to do.*

*And Threshold was a way for them to be connected, and for them to be reminded that they're not alone. And for them to get their spirits uplifted. And, sometimes, they would start singing and think, "Oh yeah, remember? Mom loved this song!" And then you knew that after we left they were going to keep singing. You know? So, it gave families a sense of not being alone and of a way to communicate with their family member who was dying. So, it brought in another level of community that can sometimes feel absent at the bedside of someone who is dying.<sup>183</sup>*

Singers also see how Threshold singing helps family members to communicate among themselves. Between pre-existing family dynamics, the stress of the situation, and nameless other factors, a breakdown of communication among family members is not uncommon. Debbie recalled a Threshold singing situation in which she saw the dynamic between the siblings completely change:

*One guy we were singing to, I was going to sing every day. And the brothers, there was another brother who was flying in from out of town and they'd always had issues getting along. They were concerned that once he comes, all this nice harmony and easygoing atmosphere is going to change, and they'd start fighting again or whatever. And he walked into the room and we were in the middle of the song and he just started singing. So, then we sang another song and another song. So, before they even spoke, they had sung three songs together and it turned out then every single one of the sons was in a singing group. And the daughter-in-law. And like, "You guys are all singers!" And so that was a real bond. And when they were growing up, their father was an ambassador to Germany and they lived in Germany, and they said the whole family sang together when they were kids. And so that was a real part of their bond.*

*And so that really helped to overcome the strife between the brothers that was usually there, that wasn't there. And Joanne and I were singing and like, "Okay, we need to go now." And they're like, "Oh no, no. One more song! Here's Rise Up Singing. Can we sing this one? And we're like, "You guys are all singers! You are singers, you can sing without us!" And then one of the sons said, "Yeah, but we wouldn't be doing this if you weren't here." And we came some more times and then they started doing it without us there, which was great. And it really changed the whole family dynamic. It was quite beautiful to have seen that a number of times.<sup>184</sup>*

The *communitas* present in this memory is palpable, and the relationship between that feeling and the shift in the siblings' relationship is not a coincidence. In *communitas*, "all are

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<sup>183</sup> Ross, Interview.

<sup>184</sup> Debbie, Interview, April 11, 2020.

equal, the experience is right here on the spot, and everyone is a full person and a friend...[It] strains toward including everybody in the world; it does not take sides.”<sup>185</sup> During this time, family members may be able to find each other to be just ordinary people after all, not the anxious or competitive—or perfect—sibling or family member they often seem to be.

The incidental change in Debbie and Devorah’s anecdotes is that the family members communicated better, or their social dynamic shifted in the moment. But the primary change that took place was a fundamental and lasting shift in the way the siblings related to each other, to their loved one, to music, and to death. Devorah and Debbie both noted that the families would *continue singing* after the singers left, that the relational changes might *endure* beyond the context of the bedside singing. Almost every singer I spoke with had a story of a time when they witnessed the power of Threshold singing as an ongoing gift. As Debbie’s anecdote alluded to, one of these ongoing gifts is the permission to call on creativity in moments of pain or uncertainty. Joanne shared one such memory:

*I remember I had a friend, and her grandmother was at her mom’s home. And she called me late at night and asked me if I would come. I mean, late—10:30 or something, you know, but she also knows I’m a birth doula. So, you know, “What the heck, give her a try.” So, I was like, “Sure, I’ll just come over.” And I came over and I sang a few songs and there, the funny thing was to me, is like—my friend, she is a trained musician! Her dad is a trained musician, but they weren’t singing with her. And after I came and sang a few times, they were like, “You know what, we can do this!”*

*And they kept singing. She lived—I think she was having a bad bout, but she did not die right then, but they started singing for her. So, I just sort of gave them permission...to do something that they have the capacity to do, but they just kind of, weren’t thinking about doing it. That was funny. I was like, “You all have better voices than I do! [laughs] The three of you are singing with me all are singing perfect pitch! You guys have great rhythm—what do you need me for?!” [laughs]*<sup>186</sup>

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<sup>185</sup> Edith L. B. Turner, *Among the Healers: Stories of Spiritual and Ritual Healing Around the World* (Westport, Conn: Praeger Publishers, 2006), 159.

<sup>186</sup> Joanne Dahill, Interview, September 24, 2020.

Singers shared countless similar stories of family members saying, “Singing together feels so natural, but we wouldn’t be doing this if you weren’t here.” In deathbed-side situations, singers help family members identify and employ creativity as a resource for comfort and meaning making where it might not otherwise be an obvious or easy choice. Without widespread religious or secular rituals or social scripts, many of us find ourselves at a loss when it comes to knowing how to behave at and make sense of a deathbed-side situation. Furthermore, if we have a tight association between making music and performance or aesthetic excellence, then of course music is not the first thing that comes to mind, even if it is normally a big part of our lives. Performance begets pressure. We don’t know what to do but we don’t want to mess up, and our minds go blank. As Debbie and Devorah’s stories show, people often have all the capabilities they need; they simply need permission to use them. Threshold singers’ unselfconscious presence and gift of music invite family members to call on the creative resources they already have inside them. Threshold singers are there to say: It’s ok to feel silly, it’s ok to feel vulnerable, it’s ok to sing childhood ditties, and it’s ok to enjoy the moment. This message is profound, and one that others present at the bedside can take with them throughout their lives.

Another way that bedside singing can have a lasting effect on family members is by providing a song, moment, or interaction that will endure and continue to expand in meaning over time. Joanne recalled how a song she sang with a traveler and her daughter became a source of continuing comfort for the daughter:

*I remember I sang one song, just fairly recently within the last year or two. And the daughter—the woman who was dying, her daughter—mentioned that her son had also just left on—he was in the merchant Marines—and he had left on his first voyage. And we had a song that talked about, you know, holding the space over the ocean and that you would always hold them. And I said, “Well, I really would like to sing this song. I can see*

*how it can make you think of both your mother on her journey and your son on his journey.”*

*And she, I told her, actually—she could find that particular song. The artist likes to give her music away. So, you could go to a website and get it. But I said I’d try to send her something, too. And by the time I got home, she was like, “I already found it.” You know, it did—she did love that song.*

*And you know, so it was an ongoing gift. I think that that song probably became a gift that, that she’ll hold for a longer time. It was something that really touched her heart. So, we can be supporting the people whose loss is much greater, you know? We feel a tenderness and a caring, but we’re often singing for strangers.*

*Not always, but often. And you know, so then when we are singing with family members there, we’re singing for their comfort, as well—the people who are really being pressed to accept, you know, that that goodbye is coming.<sup>187</sup>*

Similarly, other singers recalled instances when a song that they shared with a traveler and their loved ones at bedside had become a positive association that they then brought to the funeral, memorial service, and beyond. Randy shared one such experience he had while volunteering at a local hospice care center:

*There was a very odd situation in hospice once: I sang—I don’t know what moved me to do it, I think the person must have been about my age, so I sang—I don’t know why I sang this song, but it’s an Art Garfunkel song, actually, after he split up with Paul Simon, “I Love You and That’s All I Know.” Look it up sometime—it grows... and it becomes this huge orchestral piece by the end of it. That’s how Art Garfunkel’s songs were at the time. He had a beautiful voice, and he just added the whole orchestra to it, by the end of that song. “I Love You and That’s All I Know.” And I sang it, and they were so impressed by it that they asked me to sing it at the funeral. I think she [the traveler] asked me right there. And they called me a week or so later and said, you know, it’s time to have a funeral. And I did.*

*And I don’t think that song has often been sung at a funeral before [laughs]. And I sang it just as much as I could do with six strings and only my voice, much like Art Garfunkel. And I sailed with it, cause that’s what they were hearing. And that—I don’t know why that felt like a bit of a triumph, a bit of a success. Or a different kind of success than some of them were. But it did. I think it’s because it’s not a typical song at all to sing in that situation. So, somehow or another it was well chosen.*

*I think that’s what I get the most, the biggest sense of accomplishment about. It’s not doing the singing—it’s choosing the right song. For some reason, that was the right song*

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<sup>187</sup> Dahill, Interview.

*in that case. [SP: It sounds like that song and experience and moment they shared with you became really important and meaningful for them.] It became something of a theme. Possibly not for the traveler. They must have been pretty close to the end.*<sup>188</sup>

As Randy and Joanne's experiences so beautifully illustrate, often, the experience of connection during a bedside singing becomes the memory of that connection, which can have an enduring impact on the lives of singers, travelers, family members, and caregivers. In these instances, the songs they sang became vessels of meaning that the family members could take with them throughout their lives.

Sometimes singers do not know what impact, if any, they have had on a traveler and/or their family members. Other times, singers and family members form a special bond. Norm mentioned that some of the most powerful bedside singing experiences he has had are when he develops a continuing bond with others present at the bedside. He reflected:

*I think often, the response you get from family members is very strong—family members and other visitors, depending on what the situation is. But they may join in singing—I mean, hopefully they will, if it's something they know. This provides, ideally, comfort to them, but when they join in, I think it becomes particularly meaningful. There have been times when family members have been effusive in their expressions of gratitude for one's presence at these times at the time, and later, after the person has passed away. I continue to hear from people who I've been with in those situations. Or I'll see them in the community and it's something we both remember as having experienced together.*<sup>189</sup>

Threshold singing helps ease a liminal transition for travelers and family members alike. The ritualesque qualities (structure, *communitas*, and flow) of Threshold singing facilitate transformative experiences that have a lasting impact on individual lives, familial and social relationships, and attitudes towards/competencies regarding death.

In the previous chapter, we described singers' experience of bedside singing as "liminoid" as opposed to "liminal" because although they experience *communitas* and flow in

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<sup>188</sup> Randy Tobias, Interview, July 22, 2020.

<sup>189</sup> Norm Loewenthal, Interview, June 22, 2020.



the same way as the other individuals gathered at the bedside, the singers are not undergoing a change of social status in the same way. However, just because their experience is liminoid, not liminal, does not make it any less profound. All singers I have spoken to have shared stories not only of how they have found meaning in bedside singing, but also in what they have learned and how to apply it to their own lives.

One profound impact that Threshold singing has on the singers themselves is to provide them with concrete knowledge, skills, and confidence to help the people around them. Joy spoke about the deep sense of both gratification and gratitude she felt after she was able to use her skills and intuition to help a man for whom she was caring:

*One day, I was saying a prayer with him. And I gave him a shower, I put him in bed, and he was acting just, very unusual. Very kind of agitated, kind of not able to communicate very well about what was bothering him. So, he took a little nap, and I went in, and he still seemed sort of out of sorts. So, I called his wife, and I said, "You know, your husband just seems very not himself. I don't know what it is."*

*So, she went over and was holding his hand, and I was on the other side and holding his other hand, and I just started singing. I knew that he would know these hymns because he was a pastor. So, I started singing a couple hymns, and then his wife joined in with me, and he became very agitated, like he was in some type of pain or something. And we kept asking him, you know, "What's going on? Do you hurt here? Do you hurt there?"*

*And then, all of a sudden, he went still. Very quiet, was breathing ok, so we just kept singing to him. And pretty soon she said, you know, "I think we need to call the paramedics, because I feel like he is slipping away." And he was not on hospice. So, she called the paramedics. They came in, did all their things, but he never responded to them. They took him to the hospital and found out that he had a severe brain bleed and that—well, he died that evening. But I really felt for his wife, that being able to be there and sing with her, with him, was just very powerful. And she and I remain friends to this day. I go and visit her and we talk about, you know, him, and what happened that day, and what a surprise it was. Because nobody expected him to die that quickly.*

*So anyway, that was probably one of my best experiences. I felt like I'd been trained, kind of, through Threshold, to do that. To recognize the need and be able to do it.<sup>190</sup>*

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<sup>190</sup> Joy Williamson, Interview, March 28, 2020.

Many singers expressed feeling a similar sense of gratitude and satisfaction when they were able to put their skills to use to help not only others, but themselves, as well. Many singers expressed that Threshold singing had given them a gift of training, preparation, and understanding that they might not otherwise have had that helped them better manage situations, find meaning, and connect with their dying loved ones. Here are a few of their stories.

### **Susan**

*And, um, my mother died. Also a little over a year and a half ago.*

*“Mmm,” I responded, trying my best to offer warmth, solidarity, and condolences over Zoom.*

*“She was ninety-six. You’ll see some pictures when I send them to you. She was our fake traveler we used when we needed that because,” Susan continued, giggling, “she would just lie there.” She broke into a full laugh at the memory.*

*“And so... my mother had always said that she wasn’t afraid of dying, but that she didn’t want to die alone. And I would tell her, you know,” Susan chuckled, “‘Well, I’ll do what I can!’ And, um,” she paused as her last laugh faded, “she died very, very...suddenly. She was talking—I was with her when she died.*

*“And I had been—well, and she wasn’t imminently dying! She was alert. She hadn’t eaten, really, for a while, but she was still alert and coherent and complaining. Her last words were complaining about her back hurting, which was a bit appropriate for her,” she chuckled.*

*“And then she was just gone. It was just amazing.*

*“But when I was sitting with her that afternoon before she died, I was just sort of quietly singing and humming... She didn’t really hear it, but it was more for me than for her. And then, after she died—after her caregiver and I had cried for a while—we bathed her and dressed her and I sang Amazing Grace, which was her favorite song.*

*“And then I just sat with her for the hours it took for hospice and the...mortuary people...to come. I just sat with her and sang and hummed.” Susan’s voice started to break.*

*“And the other amazing thing—and this does tie in directly with Threshold: I texted some friends—I texted Debbie, and she got in touch with some other Threshold people. And so, that night—now I’m really going to cry!” she laughed.*

*Still, she continued, “That night, there were people singing for us, just all over. There were Threshold friends singing for us that night. They didn’t call—people called the next day—but they were just out there singing...singing for us.*

*“And that’s Threshold! That’s Threshold, right there.”*

*There was a moment of silence, and then I broke it, gently.*

*“It’s amazing how singing can be such an act of care,” I began, trying my best to find words that validated the weight and intimacy of what she had just shared with me. “In both of those situations: you, with your mom as she had gone further on her journey, singing for her; and then people singing for you, as well, even if you can’t hear it, knowing that they’re holding you and thinking of you. And breathing for you.”*

*“I could feel it,” Susan affirmed. “I couldn’t hear it, but I could feel it.”<sup>191</sup>*

## **Ann**

*I go back—well, I come from a singing family. So, we were always singing. Singing is just how we communicated with each other. My dad had a fabulous Irish tenor voice, and my mother was a choral teacher. She had a beautiful voice. So, singing was part of what my family did.*

*And when my dad was dying, he was unconscious for a number of days before we decided to take him off of life support. And he lived out of town. So, I flew down to Texas, and as soon as I could get settled, I said “I’m going over to the hospital.” So, I spent a lot of time just with my dad. My mother didn’t—because he was unconscious, she just didn’t want to. And there were other reasons she just really didn’t want to get into that situation. So, he was basically alone.*

*And that’s when I really started singing again. Or that was the first time I sang in that situation, was for him. All the songs that we knew from, you know—I sang his glee club songs. I mean, all of the songs, all of the songs I could think of. And I sang them again, because it didn’t matter to him that I was repeating it.*

*So that’s when I realized it wasn’t scary or uncomfortable because I started with somebody I knew. At least, that’s the choice that I made, that it wasn’t scary or uncomfortable. It could have just been stopping right there, like, “Oh, this is so hard—my father’s dying. And this is so hard. I’m never going to do it again.” But I went the other way. I said, “Look, you know, [unintelligible] tells me I can do that. Yeah. It takes practice, though.*

*[SP: Where do you think that courage came from?]*

*To do it? Practice.<sup>192</sup>*

## **Suz**

Before joining the Triangle Threshold Singers, Suz had never had the courage to sing alone. But after spending hours of singing to travelers at bedside in a small group—and

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<sup>191</sup> Susan Siegel, Interview, July 6, 2020.

<sup>192</sup> Ann Ringland, Interview, December 8, 2020.

experiencing the comfort that other singers' songs brought her when they called and left musical voice messages for her when her mother was dying—Suz decided to give singing to her own dad a try.

*I would—Dad could hear me better (he was losing his hearing) when I was on my car phone. And so, I would pull in here [to my driveway], and I often would call. And I often would say, “Dad, I have a song for you!” And I never [laughs]—and I’d never sung alone! And that’s when I first started to sing alone. And his favorite song is “You Are Not Alone.” So I would sing: “You are not alone; I am not alone; we are not alone; we are here together.” And every time, he would say, “Oh, thank you, dear! I love that song!” [...]*

*And I talked to him—I had a recording that I lost—that was the Friday I talked to him before he died on a Tuesday. And my dear friends I talked to you about briefly before were here. And he [Dad] said, “Suzie, I love you,” and I said, “Dad, I love you, too.” And my friend says, [in a low voice] “I love you!” And my dad says back, “I love you, whoever you are!”*

*And I thought, you know, this is what it’s like. We come in the world—poof!—with no inhibition, and free, and filled with love. And if we allow ourselves, that’s the very same way we go out. And that’s how my dad went out.*

*So, Threshold offered me the opportunity to let him see that I wasn’t afraid of love. And I wasn’t afraid of death. And to me, they go hand in hand.<sup>193</sup>*

## **Joanne**

Joanne shared a story about how Threshold helped her to make difficult and compassionate decisions. One evening, she was planning to visit a close friend who was in hospice and close to death. But on her evening walk, she ran into an acquaintance who gave her the news that her neighbor, with whom she had a difficult relationship, had also recently been admitted to hospice and was dying. Joanne had to make a difficult decision about whom to visit.

*I just thought for a minute, and I thought that I knew his mother was not gonna head over there. She couldn’t drive herself. And my friend had a lot of care. She had a very strong spiritual community. She had a very strong support around her and had had that for some months as she was in this process.*

*And so, I just thought that I would go sing for my neighbor. So, I just drove over. I didn’t tell his mom, I just drove over there and I just, I knew his name. So, I just went over and said I was there to sing. And so, I sang for him. And it was, he didn’t open his eyes. He didn’t. It was that same*

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<sup>193</sup> Suz Robinson, Interview, March 27, 2020.

*kind of experience that I mentioned to you where, you know, his breathing changed, he seemed calmer, he seemed more settled. I felt like he had had—he needed that presence and that kindness and that compassion more, as he was in that transition, than someone who I knew much better, who was one of my first friends when I moved here.*

*And they both died that night. And, I just was really glad for that serendipitous moment, when I came around the corner and the up-the-street neighbor mentioned to me what was going on with the down-the-street neighbor. And it was just because the timing was just that kind of precision, for her to let me know. And I told his mom later that I had gone over and I just, yeah, I just felt like, I don't know why his life was so complicated and why things were so rough, and it left him with a lot of, yeah, just a lot of behavior that was difficult. But at that moment, he was just a person who was in transition. So that.*

*And then, it was funny, you know, it was like talking about life and death. And then I got a phone call and went to a birth. Yeah. And it was even that little, tiny bit of the fact that I was in Durham when I got the call to go to the birth instead of up heading towards Greensboro. It was better that I was. But that was just, one of those bursts that I needed to get in the car and get going and get there quickly.*

*And I was closer when I got that call. So that just kind of had that feeling of, I don't know, things being in the right place that I made the right decision for, in a bigger picture, than I can always say. Yeah.<sup>194</sup>*

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Threshold singing does not facilitate a change of status for singers in the same way it does for travelers or family members, but the experience is no less significant. Threshold singing gives singers a chance to practice being in deathbed situations, and their practice is there to support them when they confront death or are trying to support others. For some singers, the experience has also been personally transformative, such as Suz's testimony that Threshold singing helped her to show her father that she "wasn't afraid of love." Likewise, for Joanne, Threshold singing helped her to be open to making difficult and compassionate decisions that may not have seemed logical and became a way for her to experience a sense of "rightness" in the world. In addition to changing the course of situations and relationships in their own lives,

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<sup>194</sup> Dahill, Interview.

some singers also pointed to ways that their experience of Threshold singing has shaped their own relationships to death and dying. Larry recalled:

*I had all these ideas about how I viewed death, what my relationship with dying is—but I felt like someone going off to the first battle in a war. I had some idea of how I might conduct myself, but I had no idea how it would go when I was really there. There were no bullets flying, but nonetheless, there is something fundamental about someone dying and it's not just a surface kind of reaction. The singing just went fine. I was looking at the guy, and looking at the person who was leading, and didn't feel nervous. It felt like something that was right to do.<sup>195</sup>*

Later, he added, “That’s something that has stuck with me. [Death] doesn’t have to be frightening, and apparently not painful. So, you know, just help people, soothe them, help them make that transition.”<sup>196</sup> Ann also shared how her experience singing at bedside contributed to shifting her view of death from one of fear to one of naturalness and normality. When I asked Ann how Threshold singing over the years has impacted her relationship with death and dying, she replied, “Oh, wow.” And then:

*Well, I don't know which came first. I think Threshold came first. But then, since, I've done a lot of work on death and dying: workshops, group experiences, that kind of thing. Well, and going back to what I alluded to, it's just what happens. Now, I know how I want my death to be, but one can never do that. But no, it's just a...it's a metamorphosis.*

*I used to—and I can say this sincerely—I used to be just absolutely, really, really scared of dying. And I used to be an EMT, so we would get those kinds of traumatic situations. And that has always been my worst fear, that I'd fall off a bus in Guatemala or something like that. [laughs.]*

*But the resistance, the fear...is no longer there. And, when I think historically, it probably started with singing with Threshold. Pushing the boundaries of how and pushing the boundaries of what I was able to do with people who were strangers, and do it. And being with strangers is a different thing than being with family members or not people we know. Which in truth, I think, is harder. A whole lot harder. So, I think that's how Threshold—and seeing time after time just the normality of it. It's just what happens.*

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<sup>195</sup> Larry Nessly, Interview, May 18, 2020.

<sup>196</sup> Nessly, Interview.

*That's a really good question. You got another hour? [laughs.]*<sup>197</sup>

For Ann, her experiences with Threshold singing transformed her fear of death into comfort with the dying process. For others, their experiences also prompted them to think more intentionally and clearly about their own eventual death and wishes. Joanne said that, in some ways, she can understand Threshold singing as a gift to herself. She elaborated:

*There's like a gift in the sense that, you know, a preparation for the day that will come, the day that comes for all of us. I mean, that's not why I'm doing this. It's not like, "Oh, I'm going to do this so that when my time comes, it'll be easier for me," because I don't know! Maybe all of my ideas of acceptance and ease and just, you know, maybe I'll just start to fight against that. I don't know. But then, if that's what happens, that'll be part of my journey and moving towards that. But maybe not. Maybe having had this practice and had this act of service in my life, maybe it'll make some of my last days, moments, a little easier as well. I don't know.*<sup>198</sup>

Norm also shared how Threshold singing has led him to reflect on his own end-of-life wishes:

*All this has made me think about, you know, what it might be like if I were the person near the end of my life—what would I want? How would my family react? I think my family, knowing me, would want me to have this kind of visit. They would also, I think, be pretty selective about who made the visit, because they would know that I would want the singing to be pretty good. And they would know who I like, and what I would like to hear, and what they would want. [...]*

*[Threshold singing] has certainly made me more familiar with the process of death and dying. Not that I was unaware of it—my wife and I have lost family members. But, making so many visits to people at their deathbeds made me more familiar with it, maybe less fearful of it. I mean, one of the takeaways of this type of activity is that visiting people at deathbeds is not an unpleasant experience. Quite the contrary. It's somehow very affirming, meaningful, makes one feel connected. I mean, it's not happy to see people in that state, and it's not just that they're dying, but obviously many of them have been ravaged by bad diseases and have suffered. And yet, being with them at that time is a very uplifting experience. So, it's, I guess, somehow reaffirmed for me that dying is a natural process, part of the greater picture of life and death.*<sup>199</sup>

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<sup>197</sup> Ringland, Interview.

<sup>198</sup> Dahill, Interview.

<sup>199</sup> Loewenthal, Interview.

Threshold singing has the power to change lives, ease deaths, and paint a greater picture of how the two are connected. Much of this happens on the individual level, for and between singers, travelers, family members, and caregivers. Each of these individuals brings the skills, lessons, and profound experiences that Threshold singing has provided them to new relationships, situations, and organizations. It is through this person-to-person transmission of skills, knowledge, and care that ministries like Threshold singing are able to slowly reshape an entire community's—or society's—relationship to death.

When I spoke to Devorah about her experience with Threshold singing, she shared her special perspective as a professional social worker and chaplain, which is that Threshold singing has transformed the ecosystem of care at her place of work, especially during the COVID-19 pandemic. Before COVID, Threshold singers brought a special dimension of spiritual care to residents and their families through monthly or one-off visits. When visiting the facility in person became unsafe during the COVID-19 pandemic, some Threshold singers began weekly virtual visits to the facility via Zoom to sing songs with any resident who wanted one. Devorah reflected on the way that these virtual visits assimilated into the facility's ecosystem of care:

*I think [the virtual musical visits] are something else that, in addition to the social workers, and the chaplains, and the nurses, and the doctors, and the therapists, and the dietitians, and all the people that care for a resident—it's another way to care for a resident. It's become part of the team of care we can provide for people.*

*[SP: Mmmm, yeah. So there's physical care, there's psychological care, there's spiritual care....and musical care!]*

*Musical care! Right! [laughs.] So, sometimes, it's really just music, but not always, you know? But it always feels spiritual to me because it lifts people's spirits.*

She elaborated:

*And now, with Threshold, we do an hour and a half, twice a week. So, we've hugely expanded the time there and reached more people because we can get recommendations and referrals of who might like it, and "Try this person." There are the regulars that we go back to, but it's also been in large part [due] to the staff. If I go into a resident's room*



*and they're just, you know, finishing up physical therapy, sometimes the physical therapist will stay and sing.*

*It's brought a whole new presence to [the facility] involving the staff. And now the staff will say, "Oh, Ms. So-and-So had a hard time this morning, can you go and see her?" You know? So, it used to be an activity that had a short block of time, and now it's become part of what we do to support residents. So, it's completely transformed and it's fabulous.<sup>200</sup>*

At Devorah's workplace, the staff has begun to see the Threshold singers as an integral part of the support system they can offer for residents, not as just an extra-curricular activity. Especially during the COVID-19 pandemic, when staff and caregivers are under immense pressure to meet the increased needs of residential care, volunteers can play a special role. As the staff works extra hard to support residents while normal activities and visits are canceled, Threshold singers can offer undivided attention and at-will caring in a way that is not always possible for staff members. During their visits (both virtual and pre-pandemic), Threshold singers also recognize staff and caregivers as people who need uplifting, too. Whether stopping by the nursing station to sing a song with staff during a physical visit or serenading a resident and her nurse while she is receiving the flu shot, singers remind staff and caregivers that they are appreciated.

"What an amazing, dedicated group of people," Devorah remembered thinking when she first met the Threshold singers. She continued:

*[It's] selfless in a way, that they, at short notice, show up to be present for someone who is dying. And sometimes the person would die that night, you know? And they do it. They show up and they're there. And I thought, "What a community of people that do this for strangers." [...] They just show up to be present and offer song and music.*

*And I think that is a high spiritual calling.*

And I agree. Throughout my time singing with, observing, and getting to know the Triangle Threshold Singers, I have never ceased to be inspired by their sense of vocation and ministry.

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<sup>200</sup> Ross, Interview.

The people in this group have dedicated themselves to learning, training, and practicing in order to help the people in their community navigate and make meaning out of some of most inevitable, universal—and yet undiscussed—moments of our lives. As I listened to singers’ personal accounts of the impact Threshold singing—as music, as community, and as service—has had on their own and others’ lives, I consistently marveled at the *depth* of transformation that these stories implied. Singing to a traveler may provide them a sense of peace in the moment, or it may give them a sense of hope for the rest of the day. Making music with family members may give them space to reminisce for a moment, or it may completely reshape their relationships, their communication with their loved one, and their relationship to creativity and adversity. Singing at bedside may provide comfort to friends or family in need, or it may give you the strength to let others know you love them; it may impact your personal relationship with death. A virtual musical Zoom visit may brighten up one person’s day, or it may have the power to transform an institution’s approach to spiritual and community care during a global pandemic. It is impossible to know, and yet equally impossible not to appreciate.

Ann, who was a founding member of the Triangle Threshold Singers, said she never knew that Threshold singing would become such an important part of her life. She said she often encounters people who balk at her choice of pastime, but that it all really boils down to something quite simple. Ann explained:

*I don’t know how many people over these years have said, “You do what? You sing and go to the bedside of strangers who are dying?” I say, “Yeah, I do.” I do, and I can’t imagine not having done that. I mean, it’s never something that I thought I would be doing, like “Oh yeah! I’m going to go do that!”*

*But I have a friend who does dulcimer playing, and she’s trained to be at bedside. And she’s just fabulous at doing that. But that’s her—it’s not her livelihood, but it’s her life, playing dulcimer at bedside. And nobody even thinks twice about her because she’s got the instrument.*

*But you walk in with the voice, and it’s a whole different aspect.*

*Just your voice. Just your voice and your heart.*

*What else is there? [laughs] I think we can put a stop to it there.*

*Mic drop!*<sup>201</sup>

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<sup>201</sup> Ringland, Interview.

## CONCLUSION

*So, part of [Threshold singing] is just the service, and then I guess it's also just the sort of, yeah, the joy. Yeah! The three things.*

*This is what I was thinking about with Threshold: the three things.*

*It's sort of the...*

*It's the joy of music*

*the joy of community*

*and the joy of service*

*And the way those things come together in Threshold.*

*Because Threshold—I don't know if you've had a chance to really experience this so much because of our circumstances—but Threshold is a family.*

*And, in addition to our singing and our service for others, we're...we're really there for each other. Both in musical and non-musical ways.*

*When somebody needs help, you know, we're there.*

*We're there for them.*

*We're there for each other.<sup>202</sup>*

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Over the thousands of years that humans have met our daughters, lost our mothers, and wondered what fresh miracle or hell lies ahead, we have called on our individual and collective creativity to make sense of the most inevitable—and vulnerable—times of our lives: birth and death, beginning and end, known and unknown. In particular, the transition from life to death can

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<sup>202</sup> Susan Siegel, Interview, July 6, 2020.

be fraught with fear, uncertainty, and grief—as well as potential joy, relief, and release—for the individual traveling over the threshold, his or her loved ones, and for compassionate witnesses. Through music, service, and community, the Triangle Threshold singers support their peers in difficult and transitional moments and offer those individuals –and their broader community—an alternative version of what death can be and what it can mean, both to those who are dying and those who will grieve.

Over the course of this work, I have drawn on a wide variety of interdisciplinary sources to explore how the Triangle Threshold Singers’ bedside visits operate and how qualitative research based in personal experience can advance the study and practice of community-based end-of-life care. If we are lucky, each of us gets to have a final goodbye with the ones we love—even if it is not easy. Ideally, continued research can make these challenging but inevitable moments easier, less lonely, and more meaningful. In the case of a research area that is so intertwined with intimate personal experiences, the field of folklore crucially contributes a research ethic and methodologies that are collaborative and relational rather than extractive. Vitality, folkloristic methods such as reciprocal ethnography facilitate the recognition of patterns and structures while equally valuing and affirming the idiosyncrasy of personal experience.

The field of folklore can also learn a lot from the practice of Threshold singing. In considering how qualities such as communication, performance, *communitas*, and flow mark Threshold singing, we can “adjust our understanding of the relationship between the vernacular and the commercial, of the traditional and the innovative, and understand all of these manifestations as part of a complex and always shifting process of human creativity”<sup>203</sup> in the context of end-of-life care. Threshold singing (and the singers themselves) are doing important

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<sup>203</sup> Michael Dylan Foster, “Introduction: The challenge of the folkloresque,” in *The Folkloresque in a Popular Culture World* (Logan: Utah State University Press, 2016), 16.

work to bring vernacular creativity back into the sphere of deathways. The impact of singers' work stretches beyond the comfort and support they offer through individual bedside singings. Whether as a conscious mission or a fortunate side-effect of their ministry, Threshold singers are normalizing and educating their community, on a person-to-person basis, on the benefit of incorporating creativity and ritual into deathbed situations. Especially in predominately Christian societies, deathbed rituals have historically inhabited the religious sphere. In a contemporary and secularizing American society that does not quite know what to do around death, we have not collectively created or agreed upon widespread secular rituals. While we can seek out professional support around palliative care or bereavement, individuals are largely on their own in terms of creating structures to find meaning within death and grief.

In North Carolina, where the Triangle Threshold Singers are located, a 2014 Pew Research Center survey found that 84% of adults said religion is “very important” or “somewhat important” to them (down from 89% in 2007),<sup>204</sup> yet only 39% of adults reported attending religious services at least once a week (down from 49% in 2007).<sup>205</sup> It is possible that because a significant portion of the state *does* identify as religious, and may practice deathbed-related life cycle rituals within their own religious traditions, the regional community has experienced increased inertia in collectively constructing a secular ritual to serve the minority 16% of the population that does not identify as such. At the same time, the declining (and relatively small) percentage of adults who report regularly attending religious services (only 39%, compared with the 84% who identify as religious) suggests that, more rapidly and perhaps more significantly

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<sup>204</sup> Pew Research Center, “Belief in God among adults in North Carolina,” *Landscape Study: Adults in North Carolina* (2014), <https://www.pewforum.org/religious-landscape-study/state/north-carolina/>.

<sup>205</sup> Pew Research Center, “Attendance at religious services among adults in North Carolina,” *Landscape Study: Adults in North Carolina* (2014), <https://www.pewforum.org/religious-landscape-study/state/north-carolina/>.

than *secularizing*, North Carolinians have been *de-institutionalizing* their religious and/or spiritual practices.

Furthermore, for individuals who were previously part of a faith community with established life cycle rituals and have since separated from religion or de-institutionalized their faith practice (and might be interested in a secular, or rather, universal, option), centuries of tight association between deathbed rituals and institutionalized religion means that imagining a non-sectarian alternative might feel unintuitive. Without commonly held or institutionalized cultural or religious patterns for deathbed rituals, there is room for considerable variation and individualization. The absence of formalized religious or cultural structures also increases the likelihood of inaction; without a catalog of established rituals for reference, individuals may not opt for—or even consider the utility of—ritual at all. Non-sectarian deathbed rituals can benefit *everyone*, regardless of religious affiliation (or lack thereof). Significantly, whereas institutionalized religious deathbed rituals typically focus on preparing the dying individual for death and/or rebirth, emergent rituals offer an opportunity to design rites that can equally serve—and potentially form lasting connections between—the dying and the soon-to-be bereaved.

In his research on deathbed rituals, Quartier asks not only what non-institutionalized spiritual end-of-life rituals can be created and put into practice, but also on whom the responsibility to create and perform them falls. Quartier advocates for the differentiation and professionalization of ritual care. In his view, professionalization will not only attempt to ensure a positive experience for the individuals receiving the ritual, but it may also promote renewed interest in and recognition of the power of the symbolic dimension of dying for other end-of-life professionals and caregivers.<sup>206</sup> I would argue that while *specialization* is certainly helpful—

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<sup>206</sup> Quartier, “Deathbed Rituals,” 119.

people who take on the responsibility of creating and practicing end-of-life rituals (especially with an individualized approach) should have ways to access specialized knowledge, experience, and empowerment—professionalization is not necessary.

In our conversations, several singers shared stories of feeling self-conscious about their abilities when singing in the presence of a professionally trained musician or caregiver. However, in each of these cases, the Threshold singers' specialized skill, knowledge, and expertise was perfectly suited to making a difference, even without professional credentials. Ann remembered feeling self-conscious about her "amateur" experience when she accompanied a licensed music therapist to visit a traveler:

*I got to the hospice place—family had gone home—and the minister was already there. And she's a real—she's very, very good at bedside music. She does these singing bowls. You know, beautiful things like flutes and stuff like that. So, she was there.*

*And I walked in and I thought, "Oh, I really shouldn't be here, Stacy is so much better than me."*

*And then I thought, "No, but I've known this woman, the traveler, you know, for years." And so, I just kind of visited with the traveler in my own way. You know, held her hand—you know, we're not supposed to do that, but I do with people I know. I don't do it with strangers.*

*But Stacy was doing her things and Stacy said, "I'd like for you and I just to sing." But at first, I was so self-conscious to be with a "real" musician. And then, that was really very nice. It was a really good time. What I mean by a good time, it was—I mean, nobody expected Sandy, the traveler—she had the stroke and was gone in like three days. So, it was...it was hard.*

*When I left—I remember going outside. It was January, just this past January. It was cold, and how the stars, the night seems brighter in the winter.*

*And I just thought, "I just really needed to do that for Sandy." And I'm glad that I did, because she died the next day. And, to get there, I had had to make some other plans and had to do something way on the other side of town. I can't remember where I was. It was a long way away. I said, "I'm going to go tonight." And sometimes making those kinds of decisions about going and being with somebody and then finding out that they passed, is*



*rewarding, is like “Yes. I did it. I took the time, took the effort. I did it and was able to be with her.”*<sup>207</sup>

Over the course of her bedside visit accompanied by a professional, Ann’s initial sense of self-consciousness gradually transformed into a sense of confidence in her abilities, belief in the intrinsic value of her gifts, dedication to her vocation, and a general sense of harmony in the universe. Although Ann, and by extension many other Threshold singers, are not palliative care professionals, their training is more than adequate. In fact, the dedication, authenticity, and unconditional nature of their care can add something quite special, even transformative.

Emotional and spiritual labor, especially that which is unremunerated—and often gendered—has a place to claim in folklore. Anthropologist Ann Russ observed that paid hospice workers must maintain a distinction between gift and commodity exchange when the valued resources range from money to love. Her consultants complained that the “assembly line” approach to hospice care robbed them of the time and energy to offer spiritual and emotional support for their patients, forcing them to ration their care as a commodity rather than offer it as a gift.<sup>208</sup> Devorah made a similar observation based on her own professional experience:

*I think [Threshold singers] are all giving—when Threshold is called, people come open-hearted. They’re choosing to do it. It’s not a job, it’s not part of their job description. If they don’t want to do it, or can’t do it, or it’s a bad morning, they don’t do it. So, you know, when you are paid for a work job, most of the time you love what you do. Sometimes you’re in a bad mood and you don’t want to be doing it, and you have to do it anyway. And you do the best you can, and it’s what everybody does. Everybody’s not spot-on all the time at work, always.*

*But being a volunteer, they have the choice to say, “You know, I’m grumpy today—call me if you need me, but if someone else can do it, it’s better.” So that, when they show up, they’re 100%. And if they weren’t 100%, they wouldn’t be showing up. And I think*

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<sup>207</sup> Ringland, Interview.

<sup>208</sup> Ann Julienne Russ, “Love’s Labor Paid for: Gift and Commodity at the Threshold of Death,” In *Death, Mourning, and Burial: A Cross-Cultural Reader*, ed. Antonius Robben (New York: John Wiley & Sons, Incorporated, 1991), 129-147.

*there's a quality of that showing up that you get from volunteers that you can't always—it's not realistic to always have as paid staff.*<sup>209</sup>

Additionally, redistributing the ethos and responsibility of end-of-life care among community members also protects professional (and to some extent, familial) caregivers from occupational stress, burnout, and compassion fatigue.<sup>210</sup> Unlike paid professionals, Threshold singers do not have to negotiate which aspects of their service to treat as gifts vs. commodities: each and every singing is an offering without expectation of remuneration or recompense. As volunteers, Threshold singers also do not have to balance competing demands on attention, energy, and time in the same way that an employed staff member would.

A folkloristic perspective on Threshold singing orients the research focus towards the specialized knowledge and tools that Threshold singers acquire and employ in their work as well as the formal and informal mechanisms by which they transmit this knowledge: among each other, to travelers, family members and caregivers, and to the general public. To me, the overarching message of this work is less about Threshold singing specifically and more about how informal creative expression is “both resource and reminder, both incorporated into and excluded from modernizing projects,”<sup>211</sup> both public and intimate, both grounding and transformative. Whether singing with a loved one who is dying or curating your own [deathbed playlist](#), we—as individuals and as community—have an incredible resource of meaning-making and resilience in vernacular creativity to make even the hardest and final moments of life both easier and the most lasting, if only we give ourselves the knowledge and permission to call upon

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<sup>209</sup> Ross, Interview.

<sup>210</sup> Mary L. S. Vachon, “Care of the Caregiver: Professionals and Family Members,” In *Death, Dying, and Bereavement: Contemporary Perspectives, Institutions, and Practices*, eds. Judith M. Stillion and Thomas Attig (New York: Springer Publishing Company, 2014), 380.

<sup>211</sup> Dorothy Noyes, *Humble Theory: Folklore's Grasp on Social Life* (Bloomington: Indiana University Press: 2016), 372.

it. In the most inevitable, vulnerable, and meaningful moments of our lives, the Triangle Threshold Singers hold a space, in Suz's words, "to come together, with another, be at the bedside of that traveler, hold the sacred space, and offer the gift of love." After all, we are all just walking each other home.

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